DOCUMENT RESUME

ED 041 415 EC 005 828

TITLE	Comprehensive Statewide Planning for Vocational Rehabilitation Services for New York State. Volume I, Final Report.
INSTITUTION	State Univ. of New York, Albany. State Educational Dept.
SPONS AGENCY	Rehabilitation Services Administration (DHEW), Washington, D.C.
PUB DATE	Aug 69
NOTE	237p.
EDRS PRICE	EDRS Price MF-$1.00 HC-$11.95
DESCRIPTORS	Community Services, Educational Facilities, *Exceptional Child Services, *Handicapped, Planning Commissions, *Rehabilitation Programs, State Departments of Education, State Legislation, *State Programs, *Vocational Rehabilitation
IDENTIFIERS	New York

ABSTRACT

Direction and priorities for the development of the resources, manpower, facilities, and services for vocational rehabilitation in New York state are described. Both expansion and coordination of services are planned, and recommendations, including priorities, are listed. Discussed in detail are the planning process and organization of the advisory committees; the methods employed in the study; the recommendations, as related to all disabled persons, and their rationale, the administration, planning, and delivery of vocational rehabilitation (need, expansion, facilities, jobs, manpower); and legislative recommendations. Also discussed are recommendations related to specific disabilities and their felt needs. Statistical tables and charts, and a list of the Vocational Rehabilitation Planning Council members and Advisory Committee members are included. A second volume (EC 005 829) of the plan contains the reports prepared by the four Regional Advisory Committees. (KW)

ED041415

STATEWIDE PLANNING FOR VOCATIONAL REHABILITATION SERVICES IN NEW YORK STATE

Volume 1
Final Report

ACCESS
to
OPPORTUNITY

Regents of the
University of the
State of New York

EC05 828E

ED041415

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Albany, N.Y. 12203

COMPREHENSIVE STATEWIDE PLANNING FOR VOCATIONAL REHABILITATION SERVICES

for

NEW YORK STATE

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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(by: The Regents of
The University of the State of New York)
August, 1969

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EXECUTIVE CHAMBER
ALBANY 12224

NELSON A. ROCKEFELLER
GOVERNOR

October 10, 1969

Dear Mr. Secretary:

In accordance with Public Law 89-333, I hereby transmit the report, Statewide Planning for Vocational Rehabilitation Services for New York State. As Chancellor Joseph W. McGovern points out in his letter to me, this document represents a two-year effort involving over eight hundred citizens deeply committed to this vital program.

The report outlines not only the many complex issues involved in this effort but also the enormous task we face in helping handicapped citizens achieve a productive and satisfying life in our society.

New York State and my administration are ready and anxious to participate fully in this program. The primary responsibility for providing the resources which the enclosed report indicates are necessary rests, however, with the Federal Government.

I urge you, therefore, to support in every way you can measures to insure adequate funding for the Vocational Rehabilitation Program both now and in the future.

Sincerely,

Nelson A. Rockefeller

Honorable Robert H. Finch
Secretary of Health, Education,
and Welfare
330 Independence Avenue, S.W.
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JOSEPH W. McGOVERN
70 PINE STREET
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August 21, 1969

Dear Governor Rockefeller:

On behalf of the Regents I submit herewith for your review and approval our report, Comprehensive Statewide Planning for Vocational Rehabilitation Services for New York State, which you charged the Regents to develop in March, 1966, in accordance with Public Law 89-333. Federal regulations require that this report be transmitted to the U.S. Department of Health, Education and Welfare by October 21, 1969.

We believe that this document provides direction and priorities that will insure the orderly development, by 1975, of the resources, manpower, facilities and services required to meet the needs of the vocationally handicapped in our State.

The report is, essentially, that of a 12-member State Vocational Rehabilitation Planning Council which provided general policy to the two-year planning effort and reviewed the deliberations and conclusions of the approximately 800 citizens who contributed so significantly to that effort. The Regents have reviewed and discussed the Council report and, have generally, agreed with its recommendations.

In his letter of transmittal to the Regents, Eugene J. Taylor, Chairman of the Planning Council wrote:

> "The benefits of the program suggested far exceed the cost in terms of the human development and in the realization that rehabilitated individuals are contributors to themselves, their families, and to our national well-being. Although estimates of individuals in need of rehabilitation far exceed existing resources, it is our considered opinion that the goals set are realizable and merit your support....

> "All segments of this planning effort were strongly in favor of an independent Office of Rehabilitation which would combine the functions of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped. If it is found that such Office is not feasible, at this time, it is still recommended that the programs be combined. We believe that through such a consolidation the effectiveness of both programs would be enhanced."

The Regents endorse the Council's recommendation for consolidation of the two programs but recommend strongly that you consider such consolidation under the aegis of the Regents and within the State Education Department. Both programs would thus be strengthened and a closer, more efficient administrative relationship between educational services and rehabilitation services throughout the State would be achieved.

The Regents believe that the report's great strength is that it is the end-product of the efforts of some 800 citizens from all corners of the State who represented labor, management, the professional disciplines, lay organizations, voluntary service agencies, educational institutions, the resources and services to handicapped people. In addition to the 12-member Planning Council these persons were organized into a State Advisory Committee of some 100 members and four Regional Advisory Committees of some 175 members each. The enclosed Volume II, in fact, contains the report of each Regional Advisory Committee. These regional reports were drawn upon heavily in the development of the total report which constitutes Volume I.

We have been assured by Chairman Taylor that there was great unanimity of view among the planning participants and that all who worked so hard in the development of the Comprehensive Planning Report stand ready to support it and work towards its implementation. With similar commitment, the Regents submit their report to you.

Respectfully,

Joseph W. McGovern

Joseph W. McGovern

Honorable Nelson A. Rockefeller
Governor of the State of New York
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New York City

Nathan Slater, Program Coordinator
Federation of the Handicapped
New York City

John J. Sommer, Co-Director
Mental Health Rehabilitation Program
Sidney Hillman Health Center
New York City

Florence M. Stattel, Coordinator
New York City Regional Interdepartmental Rehabilitation Committee
New York City

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St. Vincent's Hospital and Medical Center
New York City

Joseph D. Terenzio, Commissioner
New York City Department of Hospitals
New York City

Maurice Ward, President
The Joint Handicapped Council
New York City

W. Walter Watts, Senior Executive Vice President
Radio Corporation of America
New York City

Joseph Weber, Director of Agency Relations
The Greater New York Fund
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Daniel Wieder, Executive Director
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Celia S. Benney
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Owen Bernstein
New York City

Lucy Blair
New York City

Henry Blanchard
New York City

Gertrude Bolden
New York City

Miriam C. Brennan
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John T. Connolly
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New York City

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Freeport

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New York City

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New York City

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Harold Wise, M.D.
Bronx

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New York City

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Nassau County

Joseph S. Barbaro	Chairman
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Frank S. Gibson	Chairman
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Milton Finkelman
William C. Spinelli

Commission for the Blind and Visually Handicapped

Jesse Stornelli
Seymour Greenwald

Regional Rehabilitation Services Coordinator
Lavinia Davidson

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Division of Family and Child Social Services
Westchester Department of Social Services
White Plains

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After-Care Clinics
New York State Department of Mental Hygiene
New York City

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Nassau County Department of Social Services
Mineola

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Rockland County Mental Health Association, Inc.
Monsey

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White Plains

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Kings Park

Adrian Cabral, Executive Director
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New York State Rehabilitation Hospital
West Haverstraw

Lavinia M. Davidson, Community Coordinator
New York State Rehabilitation Hospital
West Haverstraw

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New York State Education Department
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New York State Health Department
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White Plains

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Yaphank

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New York City

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New Rochelle

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Hauppauge

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Patchogue

Frank J. Gibson, Executive Secretary
Suffolk Tuberculosis and Health Association
Riverhead

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New York State Department of Social Services
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Orangeburg

Reverend Martin J. Hall, Commission Member
Temporary State Commission to Study the Problems of the Deaf
Seaford

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Mineola

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Brookville

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New City

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Westchester Citizens Committee of the National Council on Crime and Delinquency
White Plains

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Nassau County Department of Health
Mineola

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Roosevelt

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John E. Miller, Superintendent
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Great Neck

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New Rochelle Board of Education
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Westchester County AFL-CIO
Central Labor Body
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National Industries for the Blind
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Suffolk County Department of Labor
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Gertrude K. Berman
Freeport

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West Nyack

Elaine Cohen
Scarsdale

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Mineola

William Douglas
Garden City

Alan Edelman
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Garden City

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Purchase

Marjorie Greene, M.D.
Hicksville

Lillian Grumann
Hempstead

Wiona Halligan
Tuckahoe

Joseph Helper
Oceanside

Herbert Herman
Mineola

Milton Holtzman, M.D.
Oceanside

Leo C. Kaye
Roslyn

William Knott
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East Meadow

Edward J. Leber
Mineola

Lucy K. Lemmer
Hauppauge

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New York City

Raymond Linderman
New City

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Rye

Elizabeth Lynch
Bedford Hills

Richard Match
Mineola

Eugene Moskowitz, M.D.
Valhalla

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White Plains

Nicholas Nardozzi
New York City

William J. O'Brien
Valhalla

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Purchase

Elias B. Saltzman
New York City

Louise Simon
Pelham

Sister Bonaventura
Valhalla

Allen Stephenson
White Plains

Barbara Suarez
White Plains

Sioux Taylor
White Plains

Henry Viscardi, Jr.
Albertson

Marvin Wayne
New York City

Emil Weiss
White Plains

William Wyley
Lynbrook

*Resigned

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Basil Y. Scott
Vice-Chairman

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Richard Staszak	Vice-Chairman

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Jerome Resnick	Chairman
Edwin L. Hunger	Vice-Chairman

District 3

Alexander Ducanis	Chairman
Walter E. Mulholland	Vice-Chairman

District 4

Arthur M. Pauline	Chairman
Spencer Parrott	Vice-Chairman

District 5A

Arthur C. Stever, Jr.	Chairman

District 5B

Alva Channel	Chairman
Brooke Jennings, II	Vice-Chairman

Division of Vocational Rehabilitation

Harry B. Certner
Catherine M. Grace
Charles Schilling

Commission for the Blind and Visually Handicapped

Ralph Kurr

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New York State Department of Mental Hygiene
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Alcoholism Information and Referral Center
Physicians Medical Center
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Bureau of Alcoholism
New York State Department of Mental Hygiene
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Syracuse

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City School District
Syracuse

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Mary Imogene Bassett Hospital
Cooperstown

Paul C. Bosse, Director
Mental Health Information Services
Albany

Elliot Buck, Senior Rehabilitation Representative
Workmen's Compensation Board
Syracuse

Henry A. Bunn, Executive Vice-President
Wilbur National Bank
Oneonta

Gerald W. Burke, Executive Secretary
United Community Chest and Council of Onondaga County, Inc.
Syracuse

Larry Burwell, Executive Director
Urban League of the Albany Area, Inc.
Albany

William E. Busacker, Administrative Assistant
Herkimer County Board of Cooperative Educational Services
Herkimer

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Department of Physical Medicine and Rehabilitation
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Council of Community Services of Plattsburgh and Clinton County
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Joseph L. Cohen, President
Albany Branch, National Association for the Advancement of Colored People
Albany

Sy Cohen, Union Representative
Central Labor Union Council
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Association for Retarded Children
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For Edward

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Chenango County Mental Health Board
McDonough

Fred Eaton, Editor
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Menands

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Executive Department
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Albany

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Liberty

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New York State Department of Social Services
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Reverend William M. Lange, Jr.
Church Mission to the Deaf
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Community Service of the Mohawk-Hudson Area
Troy

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Central Association for the Blind, Inc.
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Albany Association for the Blind, Inc.
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Samuel Sanes, M.D.
Syracuse

Francis J. Sorino
Liberty

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District 7

George Lawn	Chairman
Dorothea Aitken	Vice-Chairman

District 7A

Arnold Jerome	Chairman
Franziska Racker, M.D.	Vice-Chairman

District 8

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Angelo J. Cardarelli	Vice-Chairman

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Edward J. Bryant
John Evanko

Commission for the Blind and Visually Handicapped

Elizabeth J. Smith

Regional Rehabilitation Services Coordinator

Angelo J. Cardarelli
Roy H. Fabry

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Southwestern Tier Association for the Blind
Jamestown

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Neighborhood House Association
Buffalo

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New York State Department of Labor
Hornell

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Schuyler County Board of
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Watkins Glen

Alice Beardsley, President
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Deaf
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"This planning program was supported in part by a grant, under Section 4 (a) (2) (b), from the Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D.C."

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FOREWORD

Our value system emphasizes work as a primary link between the individual, the family, and society. For the disabled individual, achievement of suitable employment status frequently requires an individually-tailored therapeutic adjustment program that provides the experience and training essential to productive employment. The focus of this planning report for vocational rehabilitation services is on the comprehensive development of capability for productive activity and of work opportunities for the very significant segment of our population who are disabled and whose aspirations and goals are not always adequately or overtly expressed nor recognized.

The number of persons who need and can benefit from vocational rehabilitation services in New York State is much greater than our current capability can serve. It is apparent, however, that expansion of services and of the numbers served, while a formidable necessity, is only one aspect of response to the problem. The other is the coordination of services. The need to serve all handicapped persons who may benefit from vocational rehabilitation services mandates that planning for the coordination and integration of community services become the cornerstone for thought and action and that all facets of community leadership be involved.

Some 800 members and consultants worked diligently during the past two years to develop the recommendations in this planning report. Their work reflects their profound concern and respect for the individual and the significance of productive activity for him and for society. To realize the goals of this planning report will require the continued effort of representatives of the general community and of individual service agencies working together with the public agencies to use this report as a blueprint for action to serve the handicapped.

We acknowledge with grateful appreciation:

The effort and dedication of the State Vocational Rehabilitation Planning Council, State Advisory Committee, Regional Advisory Committees, and the numerous consultants and individuals who participated in this planning effort.

The joint effort and participation of Commissioner George K. Wyman and staff of the Department of Social Services and the cooperation and assistance of the numerous State Departments and agencies who provided program information and whose representatives participated in the various committees.

The cooperation of the representatives of the New York State Legislature and the participation of County and City government officials.

The assistance of management and labor organizations, and the efforts of numerous State Associations, professional organizations and voluntary agencies concerned with services and programs for the disabled and disadvantaged.

We appreciate the Statewide effort expended on this project and dedicate ourselves to the implementation of this plan.

Ewald B. Nyquist
Acting Commissioner of Education

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CHAPTER I

COMPOSITE WORKING PLAN

Introduction

The report on Statewide Planning for Vocational Rehabilitation Services has been prepared in two volumes. Volume I includes the recommendations and priorities, a plan for implementation between 1969 and 1975, background material with reference to the development, organization and operation of the planning effort, and the rationale upon which the recommendations were based. Volume II encompasses the four Regional Reports which were prepared by the Advisory Committees and reflect the local and grass root concerns. The final report, Volume I, was based primarily upon the findings of the Regional Committees, the statewide concerns of the State Advisory Committee, and the Planning Council.

This plan is envisioned as a living document, to be updated annually, and to provide overall guidelines and direction for the orderly development of vocational rehabilitation services throughout the state. Essentially the design of the plan is directed toward two major efforts, the first requiring certain selected changes in law, regulation and administrative procedures, the second requiring expansion of service capability to benefit larger numbers of disabled and disadvantaged people in need of vocational rehabilitation services. As a result of the planning effort, it has become apparent that the demand for services far exceeds the current capability of our existing institutions. The aim, therefore, has been to develop instrumentalities, methods and approaches through which, eventually, all those in need would be able to receive the assistance required.

The plan represents the interactions of some 800 individuals, a variety of professional and lay organizations including consumers, who have worked for two years to identify current needs, appraise current delivery systems, and recommend alternatives aimed at improving the quality and quantity of service in the state. The recommendations which follow include a priority indication as well as a page reference on which the rationale for the recommendation appears. The priority that has been used are as follows:

> Priority A refers to recommendations which require action such as changes in law and regulation as well as administrative procedure but do not require funds in excess of the aggregate stated in this plan.
>
> Priority B includes recommendations which will necessitate additional appropriations or require cooperative action among state and local agencies before the implementation of the recommendation is feasible.

Chapter I includes the recommendations and a summary of the plan with specific indices for expansion of services in relation to numbers served, as well as counselors, facilities and funds required. A schedule is included which programs the recommendations between the time periods 1970-1975.

Chapter II provides the reader with a background in relation to the development of this report, descriptions of organizational structures, and describes the methodology used. The recommendations are stated with rationale presented in Chapter III which includes target populations to be served with specific emphasis in the following areas: intake, rehabilitation services, placement and follow-up, facility construction, architectural barriers, transportation, manpower development, utilization, planning and research, as well as specific recommendations concerned with the several specific disability populations.

The Division of Vocational Rehabilitation, Department of Education, and the Commission for the Blind and Visually Handicapped, Department of Social Services, are the two major state agencies that provide vocational rehabilitation services in cooperation with numerous local public and voluntary agencies. Since both agencies are relatively similar in their funding, service approach, policies and administration of the Vocational Rehabilitation Program, we have used the term "The State Vocational Rehabilitation Agency" to refer to both agencies. In a few instances, for clarification delineation of the two agencies (DVR-CBVH) by function has been made.

LIST OF RECOMMENDATIONS INCLUDING PRIORITIES [1]

Estimates of Need

1. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD BE GIVEN SUFFICIENT RESOURCES TO IMPLEMENT THE RECOMMENDATION OF THIS PLAN SO THAT THE STATE VOCATIONAL REHABILITATION AGENCY WILL BE ABLE TO REHABILITATE UP TO 100,000 HANDICAPPED INDIVIDUALS BETWEEN 1969 AND 1975.

   PRIORITY A — Page 86

Identification of the Client - Intake

2. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ITS REGULATIONS TO PERMIT AUTHORIZED PROFESSIONAL STAFF OF APPROVED VOLUNTARY REHABILITATION SERVICE AGENCIES, UNDER THE DIRECT SUPERVISION OF THE STATE VOCATIONAL REHABILITATION AGENCY, TO DETERMINE ELIGIBILITY OF DISABLED CLIENTS FOR VOCATIONAL REHABILITATION SERVICES.

   PRIORITY A — Page 91

3. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ELIGIBILITY REGULATIONS TO PERMIT THE USE OF "PRESUMPTIVE ELIGIBILITY" AS A MEANS OF EXPEDITING THE SERVICE PROCESS.

   PRIORITY A — Page 91

4. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE VOLUNTARY AGENCIES AND EDUCATIONAL SYSTEMS TO PLACE GREATER EMPHASIS ON CASE-FINDING TO EXPEDITE EARLY REFERRAL FOR VOCATIONAL REHABILITATION SERVICES.

   PRIORITY B — Page 92

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[1] Priority A refers to action achievable within the funds suggested in the plan.

Priority B refers to action requiring additional appropriations or other actions before implementation is possible.

The State Vocational Rehabilitation Agency refers to the Vocational Rehabilitation functions of the Commission for the Blind and Visually Handicapped and the Division of Vocational Rehabilitation.

5. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD OUTSTATION PERSONNEL TO INCREASE REFERRALS AND EXPEDITE THE ENTRY OF CLIENTS INTO SERVICE.

PRIORITY A Page 92

6. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH A PUBLIC EDUCATION AND INFORMATION UNIT AS PART OF ITS ORGANIZATION, WITH APPROPRIATE STAFF AND FUNDS.

PRIORITY A Page 93

7. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INCREASE THE NUMBER OF ITS LOCAL OFFICES TO SERVE PEOPLE LOCALLY.

PRIORITY A Page 93

Expanding Rehabilitation Services

8. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND SUPPORT THE DEVELOPMENT OF COMPREHENSIVE VOCATIONAL, DIAGNOSTIC, AND EVALUATION SERVICES WITHIN EACH SERVICE AREA OF THE STATE.

PRIORITY B Page 95

9. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS COOPERATION WITH THE STATE HEALTH DEPARTMENT IN SUPPORTING AND FINANCING THE EXPANSION OF VOCATIONAL REHABILITATION SERVICES IN GENERAL HOSPITAL FACILITIES.

PRIORITY B Page 96

10. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AND EXPAND THE ROLE OF SOCIAL SERVICES IN THE REHABILITATION PROCESS.

PRIORITY A Page 97

11. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND SERVICES UNDER ITS POLICY OF PROVIDING SERVICES TO A CLIENT'S FAMILY WHEN SUCH SERVICES ARE NECESSARY TO THE REHABILITATION OF THE CLIENT.

PRIORITY B Page 97

12. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE REHABILITATION FACILITIES AND LOCAL EDUCATION SYSTEMS SHOULD PROVIDE AN EXPANDED REMEDIAL EDUCATION SERVICE.

PRIORITY A Page 98

13. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS COORDINATION WITH BOARDS OF COOPERATIVE EDUCATION SERVICES AND MAKE MORE EFFECTIVE USE OF THEIR TRAINING CENTERS FOR WORK ORIENTATION AND TRAINING PHASES OF REHABILITATION PROGRAMS.

PRIORITY A Page 98

14. REHABILITATION WORKSHOPS AND REHABILITATION CENTERS SHOULD BE GENERALLY PROGRAMMED TO TRAIN CLIENTS IN RELATION TO THE NEEDS OF BUSINESS AND INDUSTRY.

PRIORITY A Page 99

15. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP NEW AND EXPANDED APPROACHES TO THE INCORPORATION OF REHABILITATION PROGRAMS WITHIN BUSINESSES AND INDUSTRIAL PLANTS.

PRIORITY A Page 99

16. FEE SCHEDULES WITH DIFFERENTIAL RATES SHOULD BE REVISED TO MORE ADEQUATELY REFLECT THE COST TO AN AGENCY PROVIDING SERVICE.

PRIORITY B Page 100

17. LEGISLATION SHOULD BE DEVELOPED TO AUTHORIZE THE PROVISION OF ADVANCED PAYMENTS OF APPROVED AGENCIES WITH WHOM THE STATE VOCATIONAL REHABILITATION AGENCY HAS CLIENT SERVICE CONTRACTS.

PRIORITY A Page 101

18. THE STATE DEPARTMENTS OF HEALTH AND INSURANCE SHOULD TAKE APPROPRIATE ACTION TO INSURE THE INCLUSION OF REHABILITATION SERVICES IN HEALTH INSURANCE PLANS.

PRIORITY A Page 102

19. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE THE DEVELOPMENT AND UTILIZATION OF RECREATIONAL SERVICES FOR THE DISABLED.

PRIORITY A Page 102

20. VOCATIONAL REHABILITATION SERVICES AND EMPLOYMENT OPPORTUNITIES SHOULD BE EXPANDED TO MEET THE SPECIFIC NEEDS OF THE AGED.

PRIORITY B — Page 103

21. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD BROADEN AND EXPAND APPROPRIATE VOCATIONAL REHABILITATION SERVICES AS RAPIDLY AS POSSIBLE TO DISABLED CHILDREN AND YOUTH.

PRIORITY B — Page 105

22. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD SUPPORT THE DEVELOPMENT AND EXPANSION OF PROGRAMS FOR THE HOMEBOUND DISABLED, ESPECIALLY IN THE UPSTATE AREAS.

PRIORITY B — Page 106

23. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS ROLE WITH STATE AND LOCAL AGENCIES SERVING THE DISABLED PUBLIC OFFENDER.

PRIORITY A — Page 106

24. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ADAPT SERVICE PATTERNS AND FACILITIES TO ACCOMMODATE THE NEEDS OF THE RURAL DISABLED.

PRIORITY A — Page 107

25. THE BENEFIT COVERAGES THAT ARE NORMALLY PROVIDED TO THE INDUSTRIAL WORKER SHOULD BE EXTENDED AS RAPIDLY AS POSSIBLE TO THE AGRICULTURAL WORKER.

PRIORITY A — Page 107

26. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH PILOT PROJECTS FOR MIGRANT WORKERS AS A PRELUDE TO A COMPLETE VOCATIONAL REHABILITATION PROGRAM DESIGNED FOR ALL SUCH WORKERS IN THE STATE.

PRIORITY A — Page 108

Placement and Followup

27. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE GOVERNOR'S COMMITTEE ON EMPLOY THE HANDICAPPED, THE NEW YORK STATE EMPLOYMENT SERVICE, AND THE REHABILITATION COMMUNITY SHOULD CONTINUE TO DEVELOP A PROGRAM WHICH ENCOURAGES LABOR AND INDUSTRY TO PROVIDE EMPLOYMENT OPPORTUNITIES FOR THE DISABLED WORKER.

PRIORITY A Page 110

28. THE STATE SHOULD DO EVERYTHING FEASIBLE AND REASONABLE TO EMPLOY THE HANDICAPPED AND SHOULD CONTINUALLY REVIEW POLICIES AND PRACTICES TO THAT END.

PRIORITY A Page 111

29. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROPOSE MODEL LEGISLATION OFFERING INCENTIVES TO INDUSTRY FOR HIRING THE HANDICAPPED.

PRIORITY A Page 111

30. GREATER USE OF CONSULTATION AND SUPPORT SERVICES OF THE SMALL BUSINESS ADMINISTRATION SHOULD BE MADE WITH RESPECT TO SMALL BUSINESS ENTERPRISES FOR THE HANDICAPPED.

PRIORITY A Page 111

31. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO ENCOURAGE AND SUPPORT THE EXPANSION OF SHELTERED WORKSHOP EMPLOYMENT OPPORTUNITIES.

PRIORITY A Page 112

32. THE AMENDMENT TO THE EDUCATION LAW (Article 21, Section 1004a) AUTHORIZING SUBSIDY TO APPROVED SHELTERED WORKSHOPS PROVIDING LONG-TERM EMPLOYMENT TO THE MENTALLY RETARDED SHOULD BE EXTENDED TO INCLUDE ALL THE DISABLED EMPLOYED IN SUCH WORKSHOPS.

PRIORITY A Page 112

33. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP SPECIALIZED PLACEMENT PERSONNEL INCLUDING PLACEMENT COORDINATORS.

PRIORITY A Page 113

34. THE SOCIAL SECURITY ADMINISTRATION SHOULD RAISE THE SOCIAL SECURITY DISABILITY CEILING ON EARNINGS FOR THOSE PERSONS EMPLOYED IN LONG-TERM SHELTERED WORKSHOPS.

PRIORITY A — Page 113

35. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXTEND FOLLOWUP FOR AS LONG AS NECESSARY WITH APPROPRIATE SERVICES.

PRIORITY B — Page 114

Facilities Construction and Architectural Barriers

36. PLANS FOR THE CONSTRUCTION AND EXPANSION OF REHABILITATION FACILITIES SHOULD EMPHASIZE THE CAPACITY TO SERVE A MULTIDISABLED POPULATION. HOWEVER, FULL CONSIDERATION SHOULD BE GIVEN TO THE NEED FOR SPECIAL FACILITIES TO SERVE SPECIFIC DISABILITY GROUPS AS MAY BE NECESSARY.

PRIORITY A — Page 116

37. COMPREHENSIVE REGIONAL REHABILITATION CENTERS SHOULD BE DEVELOPED TO COMPLEMENT LOCAL FACILITIES.

PRIORITY B — Page 117

38. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE LEADERSHIP IN DEVELOPING NEIGHBORHOOD MULTISERVICE CENTERS AND IN ENCOURAGING AGENCIES WITH REHABILITATION OR SOCIAL SERVICE FUNCTIONS TO PARTICIPATE IN SUCH CENTERS.

PRIORITY A — Page 117

39. WITH THE COOPERATION AND SUPPORT OF THE STATE VOCATIONAL REHABILITATION AGENCY, MAJOR REHABILITATION AGENCIES SHOULD DEVELOP RESIDENTIAL FACILITIES REQUIRED FOR CLIENTS IN THE SERVICE PROCESS.

PRIORITY B — Page 118

40. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ITS FORMULAE ON CONSTRUCTION GRANTS TO PROVIDE A GREATER FEDERAL SHARE OF CONSTRUCTION COSTS IN THE ESTABLISHMENT OF REHABILITATION FACILITIES.

PRIORITY A — Page 119

41. THE STATE SHOULD AUTHORIZE FUNDS TO MEET A PORTION OF THE CONSTRUCTION COSTS OF REHABILITATION CENTERS SERVING ALL THE HANDICAPPED.

PRIORITY B Page 119

42. A STATE LAW SHOULD BE ENACTED TO DEVELOP AN INSTRUMENTALITY THROUGH WHICH VOLUNTARY AGENCIES COULD BORROW CONSTRUCTION FUNDS AT LOW COST FOR EXPANSION OF THEIR VOCATIONAL REHABILITATION PROGRAMS.

PRIORITY A Page 120

43. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PLAN FURTHER ESTABLISHMENT OF NEW FACILITIES AS CLOSE AS POSSIBLE TO THE POPULATION THEY ARE TO SERVE, AND SUCH FACILITIES SHOULD BE LOCATED TO TAKE ADVANTAGE OF LOCAL TRANSPORTATION SYSTEMS.

PRIORITY A Page 120

44. THE STATE VOCATIONAL REHABILITATION AGENCY WITH REPRESENTATIVES OF THE REHABILITATION COMMUNITY SHOULD ESTABLISH AND MAINTAIN STANDARDS FOR THE EVALUATION AND APPROVAL OF REHABILITATION SERVICES AND FACILITIES.

PRIORITY A Page 120

45. ALL APPLICATIONS FOR WORKSHOPS AND FACILITIES GRANTS SHOULD BE REVIEWED AND CONSIDERED IN COOPERATION WITH THE STATE VOCATIONAL REHABILITATION AGENCY DESIGNATED ADVISORY BODIES.

PRIORITY A Page 121

46. THE STATE OF NEW YORK SHOULD FURTHER ENCOURAGE AND STRENGTHEN BUILDING REQUIREMENTS WHICH ELIMINATE ARCHITECTURAL BARRIERS FOR THE HANDICAPPED.

PRIORITY A Page 122

Transportation

47. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD STIMULATE THE CONCERTED EFFORT OF APPROPRIATE STATE AND LOCAL AUTHORITIES TOWARD DEVELOPING PLANS THAT WOULD RESOLVE THE TRANSPORTATION PROBLEMS OF THE DISABLED.

PRIORITY A Page 125

48. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK WITH AUTHORITIES AND ORGANIZATIONS TO REMOVE ARCHITECTURAL AND DESIGN BARRIERS EXISTING IN PUBLIC CONVEYANCES AND DEPOTS TO MAKE VEHICLES AND SYSTEMS USABLE BY MORE DISABLED PERSONS.

PRIORITY A Page 126

49. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE, AS NECESSARY, FUNDS IN SUPPORT OF VOLUNTARY AGENCY-OPERATED TRANSPORTATION SERVICES.

PRIORITY B Page 126

50. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND SUPPORT THE DEVELOPMENT OF MOBILE REHABILITATION UNITS TO BE INCORPORATED INTO THE SERVICE SYSTEMS OF APPROPRIATE AGENCIES.

PRIORITY B Page 127

51. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH OTHER APPROPRIATE AGENCIES SHOULD DEVELOP AND PROPOSE LEGISLATION THAT WOULD ASSIST THE DISABLED INDIVIDUAL, IN GAINFUL EMPLOYMENT, TO MEET EXTRAORDINARY EMPLOYMENT TRANSPORTATION COSTS.

PRIORITY A Page 127

Manpower Development and Utilization

52. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE THE LEADERSHIP TO ORGANIZE AND DEVELOP AN ADVISORY REHABILITATION MANPOWER PLANNING COUNCIL.

PRIORITY A Page 129

53. THE STATE VOCATIONAL REHABILITATION AGENCY AND VOLUNTARY AGENCIES SHOULD COOPERATE WITH PUBLIC AND PRIVATE HIGHER EDUCATION SYSTEMS TO INCREASE ENROLLMENT IN REHABILITATION TRAINING PROGRAMS.

PRIORITY A Page 130

54. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP MORE ADEQUATE CRITERIA TO MEASURE THE QUALITY OF PERSONNEL PERFORMANCE.

PRIORITY A Page 131

55. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP CRITERIA FOR EVALUATING ITS EFFECTIVENESS BOTH IN TERMS OF SERVICES RENDERED AND REHABILITATIONS ACHIEVED.

PRIORITY A Page 131

56. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP ADDITIONAL IN-SERVICE TRAINING EFFORTS TO UPDATE SKILLS AND ACCOMMODATE THE PENDING EXPANSION OF ITS PROGRAMS.

PRIORITY A Page 131

57. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE PROMOTIONAL OPPORTUNITIES TO COUNSELORS WHICH COULD PERMIT THEM TO ADVANCE WHILE FUNCTIONING IN A DIRECT SERVICE CAPACITY.

PRIORITY A Page 131

58. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AN EXPANDED, INTENSIVE RECRUITMENT PROGRAM TO ATTRACT PERSONNEL AT ALL LEVELS.

PRIORITY B Page 132

59. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE THE FEDERAL REHABILITATION SERVICES ADMINISTRATION TO PROVIDE EXPANDED FINANCIAL SUPPORT TO VOLUNTARY AGENCIES COOPERATING IN TRAINING PROGRAMS NECESSARY TO THE DEVELOPMENT OF MANPOWER IN THE REHABILITATION FIELDS.

PRIORITY A Page 132

60. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH CAREER LADDER SYSTEMS TO ENHANCE THE RECRUITMENT AND DEVELOPMENT OF CAREER PERSONNEL.

PRIORITY A Page 132

61. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD RECRUIT AND UTILIZE SUPPORT PERSONNEL.

PRIORITY A Page 133

62. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST VOLUNTARY REHABILITATION AGENCIES IN THE EMPLOYMENT OF SUPPORT PERSONNEL.

PRIORITY B Page 134

63. THE STATE VOCATIONAL REHABILITATION AGENCY STAFF SHOULD INCLUDE SPECIAL PROGRAM CONSULTANTS TO DEVELOP AND COORDINATE ALL PROGRAM AREAS IN THEIR SPECIALITY.

PRIORITY A — Page 134

Continued Planning and Research

64. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INCLUDE WITHIN ITS ORGANIZATION AN ADEQUATELY STAFFED PLANNING UNIT.

PRIORITY A — Page 136

65. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH AND UTILIZE ADVISORY BODIES FOR POLICY AND PROGRAM DEVELOPMENT

PRIORITY A — Page 136

66. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP IMPROVED COMMUNICATION NETWORKS TO INSURE THE INVOLVEMENT OF THE PROFESSIONAL STAFF AT ALL LEVELS IN POLICY FORMULATION, PLANNING, AND PRACTICES.

PRIORITY A — Page 137

67. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK WITH AND BE REPRESENTED ON OTHER APPROPRIATE STAFE PLANNING BODIES CONCERNED WITH HEALTH, SOCIAL, AND REHABILITATION AFFAIRS.

PRIORITY A — Page 138

68. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE REHABILITATION COMMUNITY SHOULD SPONSOR A PERIODIC CONFERENCE ON REHABILITATION WITH THE INITIAL CONFERENCE IN 1970-1971 TO ASSESS THE STATE PLAN AND ITS IMPLEMENTATION.

PRIORITY B — Page 139

69. WHILE THE STATE VOCATIONAL REHABILITATION AGENCY CONTINUES TO SUPPORT EXPANSION OF COMMUNITY RESOURCES TO ASSURE THE AVAILABILITY OF SERVICES FOR CLIENTS, IT SHOULD ALSO OPERATE FACILITIES FOR THE PURPOSE OF CONDUCTING RESEARCH AND FOR THE PROVISION OF TRAINING.

PRIORITY B — Page 140

70. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONDUCT STUDIES AND ENCOURAGE AND SUPPORT COMMUNITY RESEARCH ACTIVITIES SO AS TO INCREASE KNOWLEDGE AND IMPROVE TECHNIQUES BASIC TO MEETING THE NEEDS OF THE HANDICAPPED.

PRIORITY B Page 140

71. THE STATE VOCATIONAL REHABILITATION AGENCY WORKING WITH APPROPRIATE ADVISORY COMMITTEES AND CONSULTANTS SHOULD DEVELOP APPROPRIATE STANDARDS FOR FACILITIES, INCLUDING PROGRAM SIZE.

PRIORITY A Page 140

72. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD STUDY VARIOUS METHODS TO DEVELOP MORE MEANINGFUL STATISTICAL INFORMATION ON DISABLED POPULATIONS IN ORDER TO EFFECTIVELY PLAN FOR VOCATIONAL REHABILITATION SERVICES.

PRIORITY A Page 141

73. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AN INCREASED CAPABILITY TO CONDUCT ONGOING OPERATIONAL RESEARCH.

PRIORITY A Page 141

Organization and Structure

74. THE GOVERNOR SHOULD CONSIDER CONSOLIDATING THE FUNCTIONS OF THE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND THE DIVISION OF VOCATIONAL REHABILITATION UNDER A UNIFIED ADMINISTRATION WITHIN THE EDUCATION DEPARTMENT.

PRIORITY A Page 142

RECOMMENDATIONS FOR SPECIFIC GROUPS

Blind and Visually Handicapped

75. THE VOCATIONAL REHABILITATION FUNCTIONS OF THE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND THE DIVISION OF VOCATIONAL REHABILITATION SHOULD BE UNIFIED UNDER A SINGLE ADMINISTRATION.

PRIORITY A Page 146

76. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH POSITIONS FOR PLACEMENT SPECIALISTS TO EXPLORE A BROADER RANGE OF JOBS FOR BLIND AND VISUALLY HANDICAPPED PERSONS.

PRIORITY A Page 147

77. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO ENCOURAGE EXISTING VOLUNTARY AGENCIES SERVING THE BLIND TO EXPAND THEIR PROGRAMS TO PROVIDE COMPREHENSIVE REHABILITATION SERVICES.

PRIORITY B — Page 147

78. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST THE GENERAL COMPREHENSIVE FACILITIES TO DEVELOP AND EXPAND SPECIALIZED SERVICES FOR THE BLIND.

PRIORITY B — Page 148

79. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS EFFORTS WITH BUSINESS AND VOCATIONAL SCHOOLS TO DEVELOP AND ADAPT TRAINING PROGRAMS FOR BLIND PERSONS TO PERMIT ENTRY INTO THE BROADER RANGE OF OCCUPATIONAL OPPORTUNITIES.

PRIORITY A — Page 148

80. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND EFFORTS FOR THE DEVELOPMENT OF LONG-TERM SHELTERED WORKSHOPS TO PROVIDE EMPLOYMENT FOR THOSE BLIND AND MULTIPLY HANDICAPPED BLIND CAPABLE OF LIMITED PRODUCTIVITY.

PRIORITY B — Page 148

81. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND PROGRAMS WHICH WILL INCREASE THE AVAILABILITY OF INDUSTRIAL HOMEWORK FOR THE HOMEBOUND BLIND INDIVIDUAL.

PRIORITY B — Page 149

82. THE CIVIL SERVICE DEPARTMENT SHOULD REEVALUATE THEIR EXAMINATION PROCEDURES INCLUDING TEST STRUCTURES AND TIME ALLOTMENTS, TO ASSURE THAT QUALIFIED BLIND AND VISUALLY HANDICAPPED INDIVIDUALS CAN COMPETE FOR POSITIONS IN THE PROFESSIONAL, TECHNICAL, CLERICAL, AND SERVICE OCCUPATIONS.

PRIORITY A — Page 149

83. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE EVERY VOLUNTARY AGENCY PROVIDING SERVICES FOR BLIND AND VISUALLY HANDICAPPED PEOPLE TO HAVE A PROFESSIONAL RECRUITMENT PROGRAM AND FORMAL AFFILIATION WITH SCHOOLS AND INSTITUTIONS OF HIGHER LEARNING WHERE TRAINING IS OFFERED.

PRIORITY A — Page 150

84. BOARDS OF EDUCATION SHOULD ESTABLISH OR EXPAND SPECIAL ENGLISH CLASSES FOR NON ENGLISH SPEAKING BLIND AND VISUALLY HANDICAPPED INDIVIDUALS.

PRIORITY A Page 150

85. TO ASSURE A CONTINUUM OF SERVICES FOR THE BLIND AND VISUALLY HANDICAPPED YOUTH, COOPERATIVE PROGRAMS SHOULD BE DEVELOPED WITH HEALTH AND SOCIAL SERVICE AGENCIES.

PRIORITY B Page 151

86. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD COLLABORATE WITH SCHOOL SYSTEMS TO PROVIDE VOCATIONAL REHABILITATION SERVICES TO BLIND AND VISUALLY HANDICAPPED CHILDREN AND YOUTH.

PRIORITY A Page 151

Auditory-Speech Disability: Deaf, Hard of Hearing and Language Impaired

87. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST VOLUNTARY AGENCIES IN PLANNING FACILITIES AND SERVICES BASED ON THE DIFFERENTIAL NEEDS OF THE AUDITORY-SPEECH SUB-GROUPS.

PRIORITY B Page 154

88. APPROPRIATE DEPARTMENTS AND AGENCIES SHOULD CONSIDER THE DEVELOPMENT OF INTERDISCIPLINARY TREATMENT CENTERS FOR THE DIAGNOSIS AND TREATMENT OF COMMUNICATIONS AND LEARNING PROBLEMS FOR THE ADULT POPULATION WITH AUDITORY-SPEECH HANDICAPS.

PRIORITY B Page 154

89. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE ALL AGENCIES DEALING WITH PLACEMENT TO SEARCH FOR BROADER EMPLOYMENT OPPORTUNITIES FOR QUALIFIED HANDICAPPED INDIVIDUALS.

PRIORITY A Page 154

90. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND FINANCIALLY SUPPORT AGENCIES SO THAT THEY MAY HIRE PERSONNEL WITH SPECIAL ORIENTATION TO THE PROBLEMS OF THE AUDITORY-SPEECH DISABLED TO IMPROVE SERVICE FOR REHABILITATION CLIENTS.

PRIORITY A Page 155

91. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE FUNDS TO REHABILITATION FACILITIES AND WORKSHOPS TO SUPPORT INNOVATION PROJECTS, HIRE SPECIALIZED PROFESSIONALS, AND EXPAND THEIR CAPABILITIES IN ORDER TO MEET THE NEEDS OF THE AUDITORY-SPEECH HANDICAPPED POPULATION.

PRIORITY B Page 155

92. AN APPROPRIATE NUMBER OF PROGRAMS TO TRAIN SPECIALISTS IN TECHNIQUES SPECIFIC TO THE DEAF SHOULD BE DEVELOPED AT THE UNIVERSITY LEVEL.

PRIORITY A Page 156

93. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE LOCAL EDUCATIONAL SYSTEMS SHOULD COOPERATE IN THE EXPANSION, COORDINATION, AND IMPLEMENTATION OF APPROPRIATE FACETS OF EDUCATION AND VOCATIONAL REHABILITATION PROGRAMS FOR THE HEARING, LANGUAGE, AND SPEECH IMPAIRED.

PRIORITY A Page 156

94. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK WITH FEDERAL AND VOLUNTARY AGENCIES AND SPECIALISTS TO REDEFINE THOSE GROUPS WHO ARE UNDER THE GENERAL HEADING OF HEARING IMPAIRED, LEADING TO A FUNCTIONAL CLASSIFICATION SYSTEM ACCEPTABLE TO ALL GROUPS.

PRIORITY B Page 157

95. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE RESEARCH IN AREAS RELATED TO AUDITORY-SPEECH DISABILITIES.

PRIORITY A Page 157

Heart Disease, Cancer, Stroke

96. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS VOCATIONAL REHABILITATION SERVICES TO THE CATASTROPHICALLY DISABLED.

PRIORITY A Page 159

97. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS OUTSTATIONING OF COUNSELORS IN MEDICAL FACILITIES TO EXPEDITE THE EARLY IDENTIFICATION OF INDIVIDUALS WHO MAY BENEFIT FROM VOCATIONAL REHABILITATION SERVICE.

PRIORITY A Page 160

98. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD UNDERTAKE A STUDY TO DETERMINE THE NEED FOR MORE REHABILITATION FACILITY AND WORKSHOP SERVICES FOR THOSE WITH HEART, CANCER, OR STROKE DISABILITIES.

PRIORITY A — Page 160

99. THE STATE VOCATIONAL REHABILITATION AGENCY POLICY SHOULD BE EXPANDED TO PROVIDE VOCATIONAL REHABILITATION SERVICES TO YOUNG PEOPLE WHO HAVE HEART DISEASE OR OTHER CATASTROPHIC ILLNESSES.

PRIORITY B — Page 160

The Emotionally Disturbed

100. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS LEADERSHIP ROLE IN COORDINATING AND SUPPORTING VOCATIONAL REHABILITATION SERVICES PROVIDED BY PUBLIC AND VOLUNTARY AGENCIES SERVING THE EMOTIONALLY HANDICAPPED.

PRIORITY A — Page 163

101. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO EXPAND ITS COORDINATED EFFORTS WITH THE NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE.

PRIORITY A — Page 164

102. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST IN THE DEVELOPMENT OF VOCATIONAL REHABILITATION SERVICES IN HALFWAY HOUSES.

PRIORITY B — Page 165

103. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND ASSIST VOLUNTARY AGENCIES SPONSORING GENERAL VOCATIONAL REHABILITATION WORKSHOPS AND SERVICE FACILITIES TO ADAPT PROGRAMS TO MEET THE NEEDS OF CLIENTS WITH EMOTIONAL PROBLEMS.

PRIORITY A — Page 165

104. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE DIVISION FOR HANDICAPPED CHILDREN SHOULD CONTINUE TO COORDINATE AND EXPAND PROGRAMS TO MEET THE NEEDS OF EMOTIONALLY DISTURBED CHILDREN AND YOUTH.

PRIORITY A — Page 165

105. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK COOPERATIVELY WITH THE PERTINENT PUBLIC AND VOLUNTARY AGENCIES TO EXPAND SERVICE EFFORTS FOR THE ALCOHOLIC AND THE DRUG ADDICT AND SHOULD ENCOURAGE THE SERVICE FACILITIES TO EXPAND THEIR PROGRAMS FOR THESE DISABLED.

PRIORITY A Page 166

Mental Retardation

106. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXTEND ITS LEADERSHIP ROLE IN DEVELOPING AND SUPPORTING COOPERATIVE PLANNING AND COORDINATION OF VOCATIONAL REHABILITATION SERVICES OFFERED BY PUBLIC AND VOLUNTARY AGENCIES TO THE MENTALLY RETARDED.

PRIORITY A Page 168

107. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INITIATE AND ASSIST IN THE EXPANSION OF SERVICES FOR THE RETARDED TO INSURE A COMPREHENSIVE SERVICE CONTINUUM.

PRIORITY B Page 169

108. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE VOLUNTARY AGENCIES AND EDUCATIONAL SYSTEMS TO PLACE GREATER EMPHASIS ON CASE-FINDING TO EXPEDITE EARLY REFERRAL FOR VOCATIONAL REHABILITATION SERVICES.

PRIORITY B Page 170

109. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE A CONSULTANT WITH SPECIAL COMPETENCE IN VOCATIONAL REHABILITATION COUNSELING AND MENTAL RETARDATION TO WORK WITH EDUCATIONAL SYSTEMS FOR THE VOCATIONAL GUIDANCE AND EDUCATION OF MENTALLY RETARDED STUDENTS.

PRIORITY A Page 171

110. THE STAFF OF THE STATE VOCATIONAL REHABILITATION AGENCY WORKING WITH THE MENTALLY RETARDED SHOULD RECEIVE SPECIAL TRAINING TO MAXIMIZE THEIR EFFECTIVENESS IN SERVING THESE INDIVIDUALS.

PRIORITY A Page 171

111. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS SUPPORT FOR AND ENCOURAGE THE DEVELOPMENT OF SHELTERED WORKSHOPS TO INCREASE THE NUMBERS OF LONG-TERM SHELTERED EMPLOYMENT OPPORTUNITIES FOR THE MORE SEVERELY RETARDED.

PRIORITY A Page 171

Disadvantaged

112. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE A LEADERSHIP ROLE IN PARTICIPATING WITH OTHER AGENCIES TO COORDINATE AND PLAN FOR THE FULLER UTILIZATION OF THE VARIOUS COMMUNITY PROGRAMS DIRECTED TOWARD THE VOCATIONAL REHABILITATION OF THE DISADVANTAGED.

PRIORITY A Page 176

113. A POSITION OF PROGRAM SPECIALIST SHOULD BE ESTABLISHED IN THE STATE VOCATIONAL REHABILITATION AGENCY TO EFFECTUATE THE COORDINATION AND DEVELOPMENT OF VOCATIONAL REHABILITATION PROGRAMS FOR THE DISADVANTAGED.

PRIORITY A Page 176

114. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE COOPERATING VOLUNTARY AGENCIES SHOULD ORIENT AND SENSITIZE PERSONNEL AS NECESSARY TO ENABLE THEM TO WORK MORE EFFECTIVELY WITH THE DISADVANTAGED.

PRIORITY A Page 176

115. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE A LEADERSHIP ROLE IN SUPPORTING THE DEVELOPMENT OF NEIGHBORHOOD MULTISERVICE CENTERS AND EXPAND ITS PARTICIPATION IN THESE CENTERS TO INSURE THE AVAILABILITY OF VOCATIONAL REHABILITATION SERVICES.

PRIORITY A Page 177

116. EDUCATIONAL AND REMEDIAL SERVICES FOR THE DISADVANTAGED IN A VOCATIONAL REHABILITATION PROGRAM SHOULD BE EXPANDED.

PRIORITY A Page 178

117. THE STATE VOCATIONAL REHABILITATION AGENCY IN CONCERT WITH OTHER PARTICIPATING OR RELATED AGENCIES SHOULD PROVIDE THE NECESSARY ADVICE AND COUNSEL TO THE DISADVANTAGED INDIVIDUAL SO THAT HE MAY OBTAIN ADEQUATE FINANCIAL SUPPORT TO MEET HIS NEEDS AND THEREBY INSURE HIS ABILITY TO CONTINUE IN AND COMPLETE HIS VOCATIONAL REHABILITATION PROGRAM.

PRIORITY A Page 178

Other Disabilities

118. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH VOLUNTARY AGENCIES SHOULD EXPAND SERVICES AND JOB OPPORTUNITIES FOR THOSE INDIVIDUALS WITH SEVERE NEUROLOGICAL, RESPIRATORY, AND ARTHRITIC DISABILITIES.

PRIORITY B Page 181

119. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE SUPPORT TO APPROPRIATE HOSPITALS AND OTHER MEDICAL FACILITIES TO DEVELOP AND EXPAND VOCATIONAL EVALUATION SERVICES.

PRIORITY B Page 181

120. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INTENSIFY EFFORTS TO RESOLVE THE TRANSPORTATION PROBLEMS AFFECTING THE REHABILITATION AND EMPLOYMENT OF THOSE WITH NEUROLOGICAL,ORTHOPEDIC AND ARTHRITIC CONDITIONS.

PRIORITY A Page 182

Summary

In accordance with the provisions of U. S. Public Law 89-333, the Vocational Rehabilitation Act of 1965, as amended, Governor Rockefeller charged the Board of Regents to develop Statewide Planning for Vocational Rehabilitation. This plan provides the guidelines, direction and priorities to assure the orderly development of resources, trained staff, facilities, services, and funds required to meet the needs of the disabled vocationally handicapped in New York State. In accordance with this objective, this plan describes the actions to be taken between 1969 and 1975.

Unlike most state agency efforts vis-a'-vis the consumer, the State Vocational Rehabilitation Agency directly services the disabled throughout the state. The special rehabilitation services over and above counseling, planning, and service coordination, however, are provided by locally based and locally operated rehabilitation service facilities. Therefore, developing a statewide plan for vocational rehabilitation required the broadest community involvement, not only to reflect grass root needs and goals, but to assure their full identification with and acceptance of the plan for implementation. The planning structure and the selection of the advisory committee members represented the various communities in meeting these aims.

The state was divided into four major regions and each region further subdivided into districts so that the study of problems, needs, and recommended approach would reflect the grass root views of each area of the state. Four Regional Advisory Committees, each of some 175 members and consultants, were developed to study regional needs. A State Advisory Committee of some 100 members examined local needs in terms of their statewide implications. The Rehabilitation Planning Council, appointed by former Commissioner James E. Allen, Jr. in behalf of the Board of Regents, provided the guidelines and policy direction. The State Advisory Committee members included representatives from labor and management, the various professional disciplines, lay organizations, voluntary service agencies, the local and higher educational systems, the consumer, including the disadvantaged, and the representatives of Commissioners whose departments provide resources or services for handicapped persons. Each region developed a regional report drawn from the findings of its district committees. The four regional reports, edited and compiled as Volume II, constitute the basic resource material from which Volume I, Comprehensive Statewide Planning for Vocational Rehabilitation Services, was developed.

Although vocational rehabilitation as a program and philosophy of human service was the major concern of this effort, due consideration to the broad field of rehabilitation and its preventive aspects was given by all Advisory Committee members. Because it was recognized that a preventive service was a most effective way of meeting problems, concern for children and youth and the services they require was emphasized. Recognition was given to the value of the services of the Division of Vocational Rehabilitation, New York State Education Department and the Commission for the Blind and Visually Handicapped of the Department of Social Services, and the need to expand and improve services and service delivery methods.

The period which follows this plan is envisioned as a time for tooling up, for developing the means to achieve the manpower, services, facilities, and funds to develop the capability to serve the large number of disabled expeditiously and effectively. Some of the major problems are listed below and treated more fully in the report.

1. Current resources are not adequate to meet the needs of all those disabled and disadvantaged who require vocational rehabilitation services.
2. Laws, regulations, and procedures tend to delay client entry into the vocational rehabilitation process.
3. The public, the professional and community organizations are not fully aware of the vocational rehabilitation services and programs available.
4. Services for special disability groups tend to be developed unevenly throughout the state.
5. Job opportunities for the handicapped are limited.
6. Building practices have resulted in structural barriers which tend to restrict the mobility of the handicapped.
7. Inadequate transportation services and poor design of public conveyances and depots hamper the mobility of the disabled.
8. Professional training resources are not producing sufficient manpower to meet needs in the health related occupations.
9. Limited planning and coordination among public and voluntary agencies, in many instances, impedes the development of a service continuum.

Statewide Planning addresses itself to these and other problems, and details recommended solutions. The highlights from these recommendations follow. The first section deals with general approaches affecting all disabled individuals. The second section focuses on specific disability groups.

Section I - General Recommendations

Estimate of Need

There are no hard data in the state or nation that describe the disabled population by total numbers or types of disability. Utilizing National Health Survey studies and Social Security Administration reports, an interpolated estimate of some 500,000 to 1 million individuals are deemed to be disabled and in need of vocational rehabilitation services in New York State. A study of existing and potential resources, service facilities, manpower, and funds, indicates that the State Vocational Rehabilitation Agency could serve 270,000 disabled individuals and vocationally rehabilitate up to 100,000 of them from 1969 - 1975. Paralleling the implementation of this plan are additional expansion of services anticipated from such other state and local planning efforts as Health, Mental Health, Social Development, Education, Correction, Labor and Agency Coordination. We may, therefore, expect additional numbers of disabled will receive services leading toward their ultimate vocational rehabilitation.

Client Identification and Intake

The planning effort has fully recognized the necessity for early identification of clients and their need for prompt entry into the vocational rehabilitation service program. Achieving these two goals requires revision of the federal vocational rehabilitation regulations to permit the establishment of presumptive eligibility for selected disabled clients. In addition, the State Vocational Rehabilitation Agency should increase the number of its local service offices to be near the clients home area and place its counselors in large rehabilitation centers and medical facilities where potential clients in large numbers exist. The establishment of a public information unit within its organization would expand the State Vocational Rehabilitation Agency's visability to the many "publics" and community agencies it can serve, and permit authorized staff of approved voluntary agencies under the direct supervision of the State Vocational Rehabilitation Agency to determine client eligibility as a means of expediting service to clients.

Expanded Rehabilitation Services

The development of expanded services is part of an overall plan to develop comprehensive rehabilitation capability in each service area. This would include expansion and development of vocational diagnostic, evaluation, and adjustment services with greater use of social services. Innovative and expanded relationships with the community's medical services and facilities, and inclusion of rehabilitation services in health insurance plans is indicated. Expanded cooperative relationships with local education systems and Boards of Cooperative Educational Services would be most valuable particularly if it were deemed advisable to institute specific allocation of special education funds.

Training concerns emphasized the provision of broader opportunities for the disabled on all employment levels with greater emphasis placed on cooperation with industry to reflect industrial needs and use of industry as part of the training media for rehabilitation. The fiscal problems of facilities were recognized and setting fees to reflect actual service costs and providing advance payments for contract services were recommended.

Five special population groups were highlighted because their overall rehabilitation situations were complicated by factors over and above the effect of their specific disability. The aged, disabled youth, the homebound individual, the public offender, and the rural disabled present unique problems and challenges to the State Vocational Rehabilitation Agency program and to the service capacity of their community. All require special approaches, service programs, and employment opportunities that will require innovative expansions and interdepartmental and agency interrelationship and coordination. Special concern was expressed to insure that the migrant and agricultural worker receive all the mandatory benefits now normally received by his industrial counterpart.

Placement and Follow-Up

The limited job opportunities available to handicapped individuals and the need to expand these opportunities to assure that the resource inputs may culminate in a successful job placement was recognized. To accomplish this, it has been recommended that model legislation be proposed that will offer industry incentives to hire the handicapped. Governmental agencies also need to review their hiring practices to assure expanded opportunities in this area. To the extent possible, clients receiving rehabilitation services should be encouraged to undertake small business enterprise with the assistance of such agencies as the Small Business Administration. Even with the expansion possible as a result of implementing the above suggestions, it is essential that rehabilitation workshop settings must be expanded to accommodate those whose level of production will not enable them to compete successfully in private industry. The current ceiling on earnings under the Social Security Act needs to be raised to encourage workers to participate for longer periods of time in a gainful occupation. With this expansion of job opportunities for the handicapped, it is recommended that the State Vocational Rehabilitation Agency's client follow-up efforts should be extended to assure the lasting effects of a successful rehabilitation program and job placement.

Facility Construction and Architectural Barriers

The expansion of facilities is seen as a function which must parallel the development of a continuum of service capability within each service area of the state. Details for the development of rehabilitation centers and workshops have been stated and guidelines for other types of facilities have been described. Together they will have the capability and capacity to serve the multi-disabled as well as the specific disability groups. Rehabilitation centers should be developed to complement other service facilities and where indicated the expansion of neighborhood multi-service centers should be encouraged. Residences for clients receiving services, half-way houses and longer term hostels should be developed. Recreational services should also be expanded.

The federal share of construction costs need to be increased and the state should develop a construction grant formula to enable the voluntary vocational rehabilitation centers to expand facilities and service agencies to construct new centers. In addition, the state should develop an instrumentality that would enable such agencies to borrow construction funds at low interest rates. With the expansion of these facilities, it is imperative that the State Vocational Rehabilitation Agency working with appropriate local advisory groups establish and maintain standards for the evaluation and approval of rehabilitation services and facilities. Through the application of such standards, the quality of service in the state will be improved. It is further suggested that the state and local governments encourage the drafters of building codes to eliminate architectural barriers which currently restrict the use of such buildings by the handicapped.

Transportation

Throughout the state, many handicapped persons are restricted in their mobility and use of services and employment because of inadequate transportation services. There is a need to improve the design of public conveyances and depots so that the disabled can utilize these facilities. There is a need to expand transportation services in conjunction with rehabilitation facilities and services. There is a need to develop and initiate legislation to assist disabled individuals to meet extraordinary transportation costs going to and from their place of work

Manpower Development and Utilization

Expansion of services requires new approaches in relation to the development and utilization of personnel. Because the rehabilitation field is dependent on a variety of specialists, it is urged that the State Vocational Rehabilitation Agency take leadership in establishing a manpower training planning council centered in the University of the State of New York to provide direction for future training programs in the state. Shortages of certain specialities suggested the need to develop new career ladders utilizing support personnel paralleled by educational ladders necessary for the supply of skilled manpower. The various voluntary agencies are involved to a great extent in training such personnel. Grants for supporting skilled training to update and upgrade skills are essential. New career patterns within the State Vocational Rehabilitation Agency are as basic to fulfilling the goals of planning. Specialists to coordinate special programs, and new utilization patterns of existing staff, and the new managerial support positions have been recommended. Although shortages in the health-related fields are extensive, it is envisioned that through these new approaches staff needs can be met.

Continued Planning and Research

Because resources are limited, it was necessary to establish guidelines for continuing development to encompass serving those eligible under the current regulations and cooperating with agencies to assure programs aimed at preventing or reducing the effects of disability. The need for continuous planning was recognized by calling for the formulation of an adequately staffed planning unit with appropriate state and local advisory bodies for recommendations on policy and program development. Professional staff involvement on all levels within the State Vocational Rehabilitation Agency is required for continued program improvement, and that the agency itself needs to be represented on all appropriate state planning bodies concerned with health, social, and rehabilitation affairs. It was also noted that the state should operate facilities for conducting research, training, and operational studies. Guidelines were also developed for the utilization and development of new facilities throughout the state. The need for establishing standards for rehabilitation facilities has been recognized. Continued federal and state support for conducting studies and research to increase knowledge in relation to meeting the needs of the handicapped is encouraged. To assure that the plans are fully implemented, periodic conferences will be held to evaluate programs and expand the horizons and goals of rehabilitation.

Organization and Structure

The Planning Council and all of the Advisory Committees recommended the development of a structure which would consolidate and coordinate the administration and planning for vocational rehabilitation programs. It was recognized that the program had grown significantly in its current settings. With the anticipated rapid expansion in the future, the integration of the two principal State Vocational Rehabilitation Agencies (the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped) was indicated.

Section II-Specific Disability Recommendations

Although the primary planning effort was concerned with meeting the needs of individuals who are vocationally handicapped, recognition was also given to special disability groups and concerns.

The Blind and Visually Handicapped

The Advisory Committees studying the question of structure and organization, with particular emphasis on the blind and visually handicapped, recommended that the functions of the Commission for the Blind and the Division of Vocational Rehabilitation be combined. The emphasis here was to facilitate service for a large population of blind and visually handicapped who are often multiply handicapped. The knowledge and experience of both agencies would be complementary. The types of work that the blind individuals are capable of performing far exceeds the public's understanding and efforts need to be made to expand the range of training. Where the population is such that the area could not economically support specialized agencies, facilities for servicing the blind should be included in a general rehabilitation center program developed with the assistance of the existing voluntary agencies. There is also a need for an increased industrial homework program for this population.

The Auditory-Speech Disability

Recognition has been given to the need to expand interdisciplinary treatment centers for diagnosis and communication problems resulting from auditory-speech handicaps. Adequate facilities to service these populations do not exist throughout the state, and it has been recommended that the needs of these impaired individuals be adequately considered in the development of comprehensive centers. Although New York City has more specialized facilities offering services for this group than the rest of the United States combined, the service needs of the city are still not adequately met. Early detection and treatment programs are essential.

Heart Diseases, Cancer, and Stroke

Although the incidence of these diseases is high, relatively few individuals have been referred to the rehabilitation agencies for service. Recognition has been given to the need to improve coordination among various medical service components including physical medicine and rehabilitation units, and vocational rehabilitation services. In this regard, broadened medical guidelines governing the existence of cases described as catastrophic need to be promulgated. Through outstationing of counselors in such settings as hospitals it is envisioned that an increase in referrals will occur that will result in a higher proportion of rehabilitations. As resources permit, the rehabilitation agency should expand its service capability to provide children and youth who have catastrophic problems with appropriate services. Professional education needs of the physicians should include additional emphasis on the role of vocational rehabilitation services in comprehensive medical care programs.

The Emotionally Disturbed

The untold suffering and loss resulting from emotional handicaps can be reduced by expanded rehabilitation services. Recognition has been given to the present effectiveness of programs and encouragement has been afforded to expand efforts in this area. Although substantial strides have been made in the area of mental health, a great deal needs to be accomplished with the alcoholic and drug addict. It has been recommended that the State Vocational Rehabilitation Agency develop an expanded capability to take a more active part in the development of programs for these disabled.

Mental Retardation

Expansion of services for this large group of disabled persons is essential. Improvement of coordination among agencies serving these population and expansion of opportunities for employment including sheltered workshop placement is basic to a comprehensive service plan for the retarded. Recognition of the special state law providing subsidies to workshops employing such individuals has been perceived as a milestone. The range of programs including work-study programs, remedial services, recreation, follow-up, and workshop expansion has been given whole hearted support.

The Disadvantaged

The problems of poverty are reflected in the high incidence of handicapping conditions existing in this population. The relationships between poor nutrition and intelligence has been duly noted. The failure to treat acute conditions and the consequences of this lack of preventative medicine also has been recognized. Leadership on the part of the State Vocational Rehabilitation Agency to develop fuller utilization of various community programs directed towards vocational rehabilitation of the disadvantaged has been recommended. Expanded vocational diagnostic and evaluation services, the development of neighborhood multi-service centers, expansion of remedial educational services are seen as essential. Programs for meeting the needs of this population will continue to need expansion in the years ahead.

Other Disabilities

Catastrophic illnesses including neurological disorders, respiratory diseases, arthritis, and orthopedic impairments require that the State Vocational Rehabilitation Agency expand its intake of these groups. Although the costs for treatment of these persons are extremely high, studies have shown that in many instances the vocational rehabilitation program still falls far short of the cost of continuous care throughout an individual's life. The economic and social gain to the individual and society has been clearly demonstrated.

Section III-Program Dimensions

Major Goals and Resources Required

Table I summarizes major goals and describes the resources required to accomplish these goals for the period covered by the planning effort, fiscal years 1969-1975. The Plan calls for a 27 percent expansion of the agency's caseload, and a 36.3 percent expansion in relation of the development and utilization of rehabilitation counselor man-years or an average annual number of counselors equal to 380. As of fiscal 1968, the State Vocational Rehabilitation Agency utilized 253 counselor man-years to provide services for clients. To accomplish the objectives, a total of $373.4 million will be required. Under present matching requirements, this would mean that the state's share would be approximately $74.8 million over the time span covered by this plan.

TABLE I

COMPREHENSIVE PLANNING FOR VOCATIONAL REHABILITATION SERVICES
Selected Planning Dimensions, 1969-1975

Major Goals

Clients	270,000	Referred
	100,000	Rehabilitated
Rehabilitation Facility:	2464	New
Work Station:	934	Expanded

Resources Required

Counselor Man-Years	2660	Total
	380	Annual
Funds:	$ 74.8	STATE
	298.6	FEDERAL
	$373.4	TOTAL

Expanding Capability

The state rehabilitation program has grown in service capability, comprehensiveness, and resources over the past decade and has developed experience and skills to serve the broadest range of disabled individuals in partnership with community agencies. Although casefinding has been an outgrowth of contacts with agencies and professions in the community, service has been provided primarily to those who reach out for help or who are referred for service. This represents a small number of the potential demand for vocational rehabilitation services. Thus, there remains the large unserved population, and the increment resulting from birth defects, trauma, and disease.

The Statewide Planning for Vocational Rehabilitation Service recognizes the need for a higher financial priority (translated into staff, service support, and rehabilitation facilities) to meet the goals. It also suggests innovative ways to expand the capability of the program, develop more effective delivery systems and improve the coordination of the family of rehabilitation agencies to insure a continuum of rehabilitation services in the community.

The Vocational Rehabilitation Act of 1965 (Public Law 89-333) provided the initial resources for the development of Comprehensive Statewide Planning for Vocational Rehabilitation Services. The planning effort identified needs and recommended approaches for providing vocational rehabilitation services. Estimates have been developed which described the range of those individuals presumed to be eligible and who could benefit from vocational rehabilitation services. These estimates ranged from approximately .5 million to slightly more than 1 million persons. The first section of Chapter IV, details the development of these estimates. In line with these estimates of demand and the proposed development of resources, it was recommended, initially, that the State Vocational Rehabilitation Agency take appropriate action to accomplish 100,000 rehabilitations between fiscal years 1969 and 1975.

To achieve this goal it will be necessary to expand to a point where the State Vocational Rehabilitation Agency will be able to accept 270,000 new referrals between 1969 and 1975. If this is accomplished 100,000 rehabilitations should result. This will mean that 1.4 percent of the general population of New York State will receive such services and one half of one percent will be rehabilitated. This assumes a stable relationship between intake and rehabilitation.

Table 2 describes the increments needed to accomplish the goal for fiscal year 1969-1975.

TABLE 2

CLIENT INCREMENTS NEEDED TO ACHIEVE PLANNING GOAL 1969-1975[1]

(FISCAL YEAR)	NEW REFERRALS	REHABILITATIONS
1969	30,270[2]	11,200
1970	33,243	12,300
1971	35.946	13,300
1972	38,649	14,300
1973	41,351	15,300
1974	44,054	16,300
1975	46,757	17,300
TOTALS (1969-1975)	270,270[3]	100,000

NOTES:
[1] Includes DVR & CBVH Client Populations.
[2] Number of new referrals in 1968 = 28,613. Therefore first increment represents only a slight increase.
[3] The State Vocational Rehabilitation Agency carried over into fiscal 1969 an additional 46,633 cases.

Manpower

A review of the annual financial reports of the state agencies, Division of Vocational Rehabilitation (DVR) and Commission for the Blind and Visually Handicapped (CBVH), provided data in terms of man-years expended. Table 3 describes man-years in these agencies in terms of counselor time, exclusive of supervisory personnel. There has been an increase in man-years on a fairly consistent basis over the past six years. Table 4 describes the number of clients rehabilitated by counselor man-years from 1963-1968. Table 5 projects this measure from 1969 to 1975. In 1963, 40.8 rehabilitations were achieved for every counselor man-year. This tended to increase to a high of 46.5 in 1966 followed by a leveling off in 1967 and 1968.

Based on the past history of the two State Vocational Rehabilitation Agencies, an estimate for productivity was developed for 1970 and 1975. These measure indicate that the average number of rehabilitations per counselor is tending downward. This suggests that more difficult cases, or more time consuming ones, are being served or that those clients who are being served and raised to a marginal level of employability, cannot find employment at their level in the current labor marker or sheltered workshops. There may be other factors that create this situation.

Table 6 describes the total man-years required to achieve 100,000 rehabilitated clients between 1969 and 1975. The number of counselor man-years required between fiscal 1969 and 1975 is estimated to be 2660, equal to an average annual utilization of 380 counselors. These numbers represent full-time positions. In practice, the agency must hire many more to take care of staff turnover.

TABLE 3

SUMMARY OF COUNSELOR MAN-YEARS EXPENDED - (DVR - CBVH)[1]

	MAN YEARS					
CATEGORY	1963	1964	1965	1966	1967	1968
COUNSELOR [2]						
DVR	167.1	175.1	176.9	181.6	199.7	288.1
CBVH	18.5	19.8	21.1	22.8	22.5	24.9
TOTAL	185.6	194.9	197.0	204.4	222.2	253.0

Notes: 1 Based on Annual Financial Reports of DVR and CBVH.
2 Includes only counseling staff exclusive of supervisory personnel.

TABLE 4

NUMBER OF REHABILITATIONS PER EQUIVALENT COUNSELOR MAN-YEAR - (DVR - CBVH)

	REHABILITATION PER MAN-YEAR[1]					
COUNSELOR	1963	1964	1965	1966	1967	1968
DVR	42.9	43.6	48.1	48.9	38.1	38.4
CBVH	21.6	23.4	26.6	27.7	25.6	22.2
TOTAL	40.8	41.6	45.8	46.5	36.9	36.8

Notes: 1 This represents the total number of equivalent man years divided into the number of rehabilitations for that year. The data was obtained from DVR and CBVH records.

TABLE 5

ESTIMATED NUMBER OF REHABILITATIONS PER EQUIVALENT MAN-YEARS

		REHABILITATIONS		
COUNSELOR	AVERAGE (66-68)[1]	1970	1975[2]	AVERAGE (66-75)[3]
DVR	41.8	39.3	33.2	38.1
CBVH	25.2	25.1	25.1	25.1
TOTAL	40.0	38.6	34.3	37.6

Notes: 1 Developed from Annual Reports (DVR & CBVH).
2,3 Projected by a least square technique based on years (1964-1968).

TABLE 6

ESTIMATED COUNSELOR MAN YEARS REQUIRED TO ACHIEVE GOAL OF 100,000 REHABILITATIONS 1969 - 1975

COUNSELOR	COUNSELOR MAN-YEARS
NEEDED (69-75)	2660 [1]
TOTAL (ANNUALLY)	380 [2]
INCREMENT	(127) [3]

Notes: 1 Man-Years to be expended (1969-1975).
2 Man-Years to be expended annually (1969-1975).
3 Net increase required over 1968 totals.
(A total of 253.0 counselor man-years were expended in fiscal 1968).

Facilities

Another major dimension in this planning effort revolved around the determining of facility needs in terms of current practices and future utilization. Within the Division of Vocational Rehabilitation, the Bureau of Facilities developed a facility plan which estimated the needs for rehabilitation facilities and workshops throughout the state. The staffs of both offices worked in concert in the development of both plans. In addition to the facilities recommended by the Bureau of Facilities, other approaches for facility development were brought forth by the various advisory committees involved in comprehensive planning.

The community in essence has visualized a regional development program aimed to provide all the services required to meet the rehabilitation needs of the population within designated areas of the state. The continuing activities of state and local advisory committees will further detail the state and local specific needs, the combination of which will reflect the coordinated area-local service and delivery system. This plan has described the types of facilities desired and the relationships among these institutions. Specific examples of needs are included in the various regional reports as well as the Facility Plan.

To estimate the need for rehabilitation facilities, a goal was established which would eventually provide rehabilitation facility services in the state at a level equal to serving one individual per 1,000 or 19,600 clients annually by 1975. To accomplish this would require approximately 9,350 work stations in rehabilitation facilities by 1975. The Bureau of Facilities in the Division of Vocational Rehabilitation surveyed the rehabilitation centers and workshops. It was determined from the returns that were received that 5,951 service stations out of 7,819 were fully utilized. Of the remaining 1,868 service stations, 934 were considered modifiable for use. Table 7 describes the current utilization of facility service stations and the need for construction of 2,464 new stations between 1969 and 1975. Thus, the availability of 9,349 work stations, the goal by 1975, should be able to serve 19,600 clients annually. This model assumes that the turnover rate per work station rate is two per annum. Operational experiences suggest that the length of stay in these facilities is increasing, and therefore, this estimate can be considered on the low side.

In addition to the work stations that have been described, the community has envisioned additional types of facilities as well as different methods of utilizing facilities. The following description provides an overall model which would have to be adapted to reflect local needs. However, the essential relationships inherent in the design would remain consistent.

The development of facilities is seen as part of a comprehensive delivery system for the provision of service. The system should include at least one comprehensive center within each developmental planning area in the state. This center should have the capability of providing counseling, diagnostics, vocational evaluation, adjustment services, vocational training and placement services in addition to providing medical, psychological and social services.

Equally important is the development of satellite workshops as part of area and local rehabilitation centers and long-term sheltered workshops who could draw their professional service needs from these comprehensive rehabilitation centers. There is a lack of job opportunities for those only capable of working in a sheltered workshop. The more severely handicapped clients who receive vocational rehabilitation services and can only work at their restricted levels, also need special employment opportunities. The establishment of such facilities is essential not only in terms of human need but to provide a suitable and successful conclusion to the Vocational Rehabilitation Program for such persons.

Multi-service centers are required in areas where it can be demonstrated that by combining the services of several agencies (public and private), efficiency and effectiveness of services to clients would be improved. Multi-service centers could make the community service agencies more meaningful and accessible. Such facilities, in addition to providing direct services, could also be a referral center to other community service agencies. These developments should be considered within the context of the service area concept.

Table 8 provides a summary of planned and proposed vocational rehabilitation facilities by county. Details can be found in both the Statewide Facilities Plan (September 30, 1968) and the various Regional Reports. (See Volume II.)

TABLE 7

UTILIZATION AND NEW CONSTRUCTION REQUIREMENTS
FOR REHABILITATION FACILITIES WORK STATIONS

STATUS	WORK STATIONS	CLIENTS SERVED
1. CURRENT CAPACITY [1]	7,819	16,400
2. CURRENT UTILIZATION	5,951	12,476
3. UNUSED CAPACITY [2]	934	1,958
4. NEW CONSTRUCTION [3]	2,464	5,166
5. GOAL BY 1975	9,349	19,600

Notes: 1 Based on a survey of facilities.
2 Assumes only half of existing 1,868 work stations are suitable.
3 Assumes ratio of work stations to clients served will remain constant. (There is recent tendency for longer term utilization of facilities. However, additional experiences are needed to determine its true effect).

TABLE 8

SUMMARY OF PLANNED AND PROPOSED VOCATIONAL REHABILITATION FACILITY NEEDS BY COUNTIES AS OF SEPTEMBER 30, 1968 [1]

KEY: (1) = Workshops
(2) = Satellites
(3) = Hospital Unit
(4) = Multi-Service Centers
(5) = Other (any other related facility such as BOCES services, speech and hearing clinics, mobile units, special testing services, etc.

COUNTY	1	2	3	4	5	COUNTY	1	2	3	4	5
Albany	X			X		Niagara	X		X		
Allegany		X			X	Oneida	X		X	0	
Bronx	0			X	X	Onondaga	X	0	X	0	0
Broome	X					Ontario		0			
Cattaraugus		X				Orange	0				0
Cayuga		X				Orleans		X			
Chautauqua		X				Oswego		0			
Chemung	X		X		X	Otsego		X			
Chenango		X				Putnam	0				
Clinton	X					Queens	X			X	
Columbia		0				Rensselaer		0			
Cortland	X					Richmond	X			X	
Delaware		X				Rockland	X	0	0	0	0
Dutchess	X				0	St. Lawrence		X			X
Erie	X		X	X	0	Saratoga		0			
Essex		0				Schenectady	X		X		
Franklin		0				Schoharie		0			
Fulton	X					Schuyler		X			
Genesee		X				Seneca		0			
Greene		0				Steuben		X			
Hamilton					0	Suffolk	X	X	0	0	X
Herkimer		X				Sullivan	X				
Jefferson	X					Tioga		0			
Kings	X			X		Tompkins	X				
Lewis					0	Ulster	X				
Livingston		0				Warren	X				
Madison		0				Washington		0			
Monroe	X		X			Wayne		X			
Montgomery					0	Westchester	X	X	X		X
Nassau	X	0	X	0	0	Wyoming		X			
New York	X	0	X	X	X	Yates		0			

SYMBOLS: (X) Represents one or more facilities which have been included in the Statewide Rehabilitation and Facilities Plan. (First Priority)

(0) Additional facilities needed as indicated from Regional Reports of the Statewide Planning Project. (Second Priority)

Note: 1 Construction on several of these projects may have commenced or have been completed by the time a table is prepared. In addition, the State Rehabilitation Agency plans to update its facility report on an annual basis.

Funding

A comparison of the potential demand for vocational rehabilitation services and the resources available clearly indicates that New York State will not have the potential to meet needs without real expansion of funds, service and delivery capability. Two options are available in line with such expansion. The first is to increase federal and state appropriations, and the second, to seek new approaches to achieve this end. The solution lies in a combination of both.

Estimates have been developed based on average costs per rehabilitation including an estimated five percent increase to reflect inflation. However, no attempt has been made to allocate these funds by specific categories, such as administration, counseling and placement, direct services and facilities. Table 9 provides an annual estimate, through 1975, of the funds required to meet planning goals using current methods. For fiscal years 1969-1975, $373.4 million will be required to put the plan into effect, Of this amount $74.7 million will be state appropriated funds. However, this amount might be reduced or services further expanded if approaches that are aimed at providing quality service at less direct outlay of funds by the State Vocational Rehabilitation Agency are found to be feasible.

The rehabilitation program has always emphasized the provision of comprehensive services to those who came to the attention of the agency. Thus, any client meeting the eligibility crtieria receives all needed services to achieve his rehabilitation. If the current rehabilitation program continues without substantial increase in funding, we can anticipate that the numbers of individuals who will be served will not increase significantly.

In addition, there appears to be selective approaches which tend to expand the capability of the agency. Examples include:

1. Serve clients in groups at appropriate points in the rehabilitation process such as orientation to the agency, specific counseling programs, preparation for referral to service agencies, etc.

2. Expand existing service agreements with the State Department of Mental Hygiene and the Department of Correction and develop others.

3. Expanding the development of agreements with agencies operating work training programs to include a greater proportion of rehabilitation clients.

4. Negotiation of annual contracts with approved agencies to provide specific services so as to enable these agencies to plan their service capability more effectively and expedite client services.

There is a continuous need to search for additional approaches as well as to test the validity of the methods indicated. Definite goals should be set in this regard with appropriate staff for accomplishment. The Plan recognizes that the resources available are inadequate to meet the needs of the numbers of people who are vocationally handicapped. New funds are necessary which when coupled with new approaches for service delivery should achieve the goals stated in the Plan.

TABLE 9

ESTIMATED FUNDS REQUIRED TO MEET PLANNING GOAL OF 100,000 REHABILITATIONS

1969 - 1975

YEAR	DVR (000,000)	CBVH (000,000)	COMBINED (000,000)	STATE FUNDS (000,000)
1969	$30.6 [1]	4.9	35.5	7.1
1970	35.2	5.7	40.9	8.2
1971	39.9	6.5	46.4	9.3
1972	45.1	7.3	52.4	10.5
1973	50.7	8.2	58.9	11.8
1974	56.7	9.2	65.9	13.2
1975	63.1	10.3	73.4	14.7

Note: 1 Assumes a .05 constant annual cost increase through 1975.

Total funds fiscal 1968 = DVR	$24.8	(Mil.)
CBVH	3.3	
TOTAL	$28.1	

Section IV - Plan for Implementing of Recommendations

SUMMARY OF MAJOR RECOMMENDATIONS TO BE IMPLEMENTED UNDER THE LEADERSHIP OF THE STATE VOCATIONAL REHABILITATION AGENCY BETWEEN 1970 - 1975

FOCUS	1970-1971	1972-1973	1974-1975
Estimate of Need	Develop the Rehabilitation Agency capacity to accommodate the planned expansion. Develop pilot programs for providing evaluation and adjustment services for the non-disabled disadvantaged.	Plan for expanding services for youth, the aged and selected institutional population. Expand through implementation of comprehensive statewide plan in relation to the resources available.	Commence new service functions either directly or through agreements aimed at providing services to a larger number of clients including preventative programs. Under expanded law, expanded law, expand eligiblity to all who are vocationally handicapped.
Corresponding Recommendation*			1
Identification of Client Intake	For outreach purposes begin to establish a series of local intake and evaluation units. Establish a public information capability within the rehabilitation agency. Establish the groundwork for expansion of services with local school systems, hospitals, and other institutions.	Expand population served, as feasible, with the aim of developing adequate service delivery systems in all sections of the state. Institute presumptive eligibility.	Evaluate programs in terms of goals and take necessary steps to adjust systems to objectives.
Corresponding Recommendation*	3, 6	2, 4, 108	5, 7, 99

*Refers to numbered recommendations pertaining to each section, for details refer to body of Report.

SUMMARY Cont'd.

FOCUS	1970-1971	1972-1973	1974-1975
Expanding Rehabilitation Services	Initiate activities aimed at increased state and federal appropriations. Expand inter and intra departmental cooperative agreements.	Tool up to implement agreements. Complete action, aimed at amending laws outlined in this plan. Assess the effects of the alternate approaches used for funding programs. Institute on a statewide basis those methods which demonstrate improved efficiency without diminishing program capability.	Assess effects of changes in law and regulations in the program. Adjust and augment agreements as deemed feasible and desirable.
Corresponding Recommendations*	10, 13, 14, 15, 21, 26, 77, 79. 96, 100, 101, 104, 105, 116, 117	11, 12, 16, 17, 18, 22, 23, 24, 25, 78, 81, 84, 86, 91, 107	8, 9, 19, 20, 21, 85, 93, 119
Job Placement	Commence activities leading to increased employment opportunities for the handicapped, including incentives to industry.	Expand placement and follow-up capabilities of agency.	Evaluate effectiveness of placement, and service needs through follow-up efforts.
Corresponding Recommendations*	27, 28, 29, 30, 33, 34, 76, 82, 89	31, 32, 118	35

*Refers to numbered recommendations pertaining to each section, for details refer to boby of Report.

SUMMARY Cont'd.

FOCUS	1970-1971	1972-1973	1974-1975
Facility Construction	Initiate activities to implement with State Facility Plan with provisions for annual updating. Develop standards in conjunction with local planning and and operating bodies for improving service delivery systems.	Initiate state approval of rehabilitation facilities. Initiate annual service contracts with facilities. Continue the expansion and construction program and experiment with new methods for providing services.	Undertake a major review of facility needs and practices including an assessment of progress towards achieving state and local goals with recommendations for future direction. Accomplish the approval of facilities and services.
Corresponding Recommendations*	36, 40, 41, 42, 43, 44, 45	46, 103, 111, 115	37, 38, 39, 80, 88, 102
Transportation	Work towards encouraging appropriate authorities to develop plans aimed at resolving transportation problems of the disabled. Propose tax relief legislation for disabled individuals.	Initiate legislation which would remove architectural barriers and designs from public buildings and conveyances.	Expand the support of transportation phase of voluntary agencies' rehabilitation programs.
Corresponding Recommendations*	47, 51, 120	48, 50	49

*Refers to numbered recommendations pertaining to each section, for details refer to body of Report.

SUMMARY Cont'd.

FOCUS	1970-1971	1972-1973	1974-1975
Manpower Development	Expand internal and external training opportunities including a support program in line with the establishment of new careers under the leadership of the State Vocational Rehabilitation Agency.	Expand the number of state agency training grants for state and voluntary agency personnel. Increase the number of internships in all related disciplines and help to promote training opportunities in related occupations. Develop increased participation.	Assess progress and make recommendations including those which pertain to new goals for future programming.
Corresponding Recommendations*	52, 56, 59, 110, 114	53, 54, 55, 83, 92	
Utilization	Agency management together with internal standing committees and community representatives should examine professional and clerical manpower practices in terms of role and function to delineate job functions. Implementing the plan for out-stationing counselors.	Develop support personnel. Establish career ladders.	Complete the program for out-stationing counselors and utilize the authorized staff of approved agencies under state supervision.
Corresponding Recommendations*	60, 63, 97, 109, 113	57, 61, 62, 90	58

*Refers to numbered recommendations pertaining to each section, for details refer to body of Report.

SUMMARY Cont'd.

FOCUS	1970-1971	1972-1973	1974-1975
Continued Planning	Establish a planning capability within the State Rehabilitation Agency appropriately staffed and financed. This unit should maintain liaison functions with appropriate federal, state and local planning bodies.	The planning unit should commence service area development and organize the Advisory bodies to implement the Plan. Accept and implement local plans emcompassing new concepts of delivery service.	A special five year revision of the statewide planning should be undertaken.
Corresponding Recommendations*	64, 65, 66, 67, 68, 87, 100, 106, 112	69, 71, 94, 98	
Research	Develop projects and studies aimed at basic and applied research.	Begin a series of studies aimed at evaluating different delivery systems. Review record keeping systems so that data for controlling, reporting, planning, research, and decision making can be accessible at all levels.	Continue an active program of applied research and assist administration in using the findings to improve delivery of services.
Corresponding Recommendations*	70, 72, 73, 95	69, 71, 94, 98	

*Refers to numbered recommendations pertaining to each section, for details refer to body of Report.

SUMMARY Cont'd.

FOCUS	1970-1971	1972-1973	1974-1975
Organization and Structure	Initiate steps to combine the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped within the Education Department.	Undertake studies to explore the possibility of further coalescence of related programs.	Assess effectiveness of new organization and recommend modification as required.
Corresponding Recommendations*	74, 75		

*Refers to numbered recommendations pertaining to each section, for details refer to Report.

CHAPTER II

THE PLANNING PROCESS

Background

From every corner of New York State, 18 local advisory committees with some 800 members have been reviewing, evaluating, and planning rehabilitation programs for tomorrow. What rehabilitation has come to mean, who is considered handicapped, and how they are to be served has been given added dimension by these planners. This plan has been prepared after almost 2 years of interaction. As a result, it is held that the rehabilitation movement has reached the point where its concepts, its practices, and its currently extensive application in diverse settings now require administrative and operational wholeness.

The report that follows is not only a catalogue of need for improved services for those with medical, emotional, and social problems, it is a critical document that postulates a matured rehabilitation discipline. As expected, the collective findings of so many planners present many challenges and imperatives. The common thread that binds most of the planners together is the implicit acknowledgement that rehabilitation techniques and concepts can be used to serve more people more effectively.

Tracing the evolution of the planning process and the structure of the planning operation is important, for only then is it possible to understand how the planners made the transition from an assigned mission to study vocational rehabilitation to that of the more encompassing perspective of rehabilitation. Vocational rehabilitation remains the focus of the planning effort, for it is within this legal and operational context that federal, state, and local services are authorized, and because of this, the principal vocational rehabilitation agencies have been charged with carrying out the implementation of this plan.

Planning, however, is the precursor to change. The leap from the narrow to more extended parameters, given the mandate to make services available to those who can benefit from vocational rehabilitation, should not be surprising for the basic tenets of the vocational rehabilitation program have broad application. Those involved in comprehensive planning were also concerned with national and local issues that underscored the need to bring our social systems and institutions into phase with the needs of our people.

Timing, too, undoubtedly became an element that shaped the findings in this report. Mounting tensions reached crisis proportions throughout the country at the same time vocational rehabilitation planning was in process. With education, housing, public assistance, and health programs under attack, federal, state, and local governments attempted to find new solutions. In 1967 and 1968, while this effort was underway, a more adaptive trend emerged: administrative integration of services. In New York City, this resulted in the regrouping of related departments under central administrations. Health Services Administration, Human Resources Administration, and the Housing Development Administration are leading examples. In the state, the establishment of an Office of Planning Coordination, the Health Planning Commission, the Social Development Planning Commission appear to be the vanguard of a movement for new service patterns. On the federal level, there was a reorganization of the Department of Health, Education, and Welfare. The establishment of the Rehabilitation Services Administration was interprated as a positive move that augured closer links between social services and rehabilitation. The Regional material, upon which this report is mainly predicated clearly shows that these events have played a major part in the development of the recommendations.

Another aspect of the significance of the Department of Health, Education, and Welfare (HEW) reorganization was found in the minutes of the State Vocational Rehabilitation Planning Council which noted "that in order to have a perspective for planning, other related programs must be considered, the interrelationships analyzed and policy developed.." 2

The application of theoretical discussion to specific problems is always of interest. In analyzing factors that lead to societal change, Samuel Klausner refers to "tension management." "Tension is built up in members of society and this serves to motivate them to change society." 3 He suggests that tension begets change, and eventually this is either managed by social change or reduced by circuses. The specific implication for developing the plan is the awareness that the social tensions of the day undoubtedly intruded and so too did different points of view, professional backgrounds, and geographic interests. This plan has considered these forces and their impact reflects a variety of approaches aimed at improving services for people.

It is important to stress the human interaction involved in planning. The results of the comprehensive planning project was, in part, a large-scale process of group dynamics and interchange. If given an opportunity, people can work out cogent solutions to what appears at first to be an insolvable problem. As one Regional Report states, "The vocational rehabilitation movement is by no means a parochial one and current trends are of sufficient challenge to require even broader viewpoints and approaches." 4 In each of the Regional Reports these viewpoints and approaches are suggested.

Who were these planners, how were they organized, what were their methods of operation? A prefatory review of some of the elementary planning ingredients, a statement of purpose, and a description of the scope of the planning mission are in order.

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2 Minutes, September 20, 1967

3 Samuel A. Klausner, ed., The Study of Total Societies, Anchor Boo, Doubleday & Company, New York, 1967, pp. 16-17

4 New York City Regional Report, "Major Rehabilitation Needs and Goals in New York City." January 1969.

Establishment of Statewide Planning for Vocational Rehabilitation

Apart from the congressional mandate that provided planning funds, and the Department of Health, Education, and Welfare guidelines that set broad objectives, launching a planning organization was by no means simple. Many factors entered into who shall plan, how it will be done, and what shall be planned. Those who were most directly concerned with planning: selected state departments and agencies, professional rehabilitationists, rehabilitation facility executives, employees of state and private rehabilitation agencies, and organizations who work closely with the vocational rehabilitation community, the consumer of services, and labor and management would certainly be vitally interested in the planning process and in the results.

Increasing national interest in vocational rehabilitation gave rise to a set of philosophic, conceptual, and practical concerns about the vocational rehabilitation discipline. Published in 1965, the same year that Congress authorized vocational rehabilitation planning in each state, Esco Obermann's book was an invaluable summary of the rehabilitation field up to that time. In tracing the history of vocational rehabilitation, he reviewed the importance of rehabilitation programs for the disabled and the growth of the federal-state-voluntary agency partnership in service delivery. In advocating even greater attention to the needs of the handicapped, Obermann comments:

> "Progress toward this goal continues to be uneven and slow. Services in local communities still lag... and the elusive inhibitor is social unreadiness." 5

Obermann seemed to anticipate the promise of opportunity afforded by the 1965 amendments, and thus, his work served as a written prelude to the planning that was to follow.

There was also a pervasive mood within the rehabilitation field that services to the disadvantaged and economically deprived had to be explored. Vocational rehabilitation techniques, it was thought, could be applied to the disadvantaged. This concern found itself in the Federal Act (PL 89-333), and the Vocational Rehabilitation Administration's regulations of January 1966, somewhat guardedly, mentioned "new groups of clients" and redefined disability, "... in light of attendant medical, psychological, vocational, educational, cultural, social or environmental factors..." 6

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5 Esco C. Obermann, A History of Vocational Rehabilitation-in America. T.S. Denison & Company, Minneapolis. 1965

6 U.S. Dept. of HEW, Vocational Rehabilitation Administration, "Revision of Regulations," Federal Register. Vol. 31, No. 9, Part. III. January 14, 1966.

At the state level there was the need to evaluate the effectiveness of the vocational rehabilitation program; in effect planning provided an opportunity for the evaluation and the identification of unmet needs. Another area that required study was "administrative organization patterns and relationships of agencies providing rehabilitation services to disabled persons in order to identify areas of overlapping responsibilities, problems in interagency coordination resulting from differences in administrative structure, and respective agency roles in coordination of services." 7

As early as 1953, the Interdepartmental Health Council, established by gubernatorial order, appointed a Committee on Rehabilitation for the purpose of achieving coordination of the various state programs. It is not necessary to trace the successor organizations, but it is necessary to point out that New York State has been concerned for some time with problems in interdepartmental coordination of related rehabilitation efforts although major reorganizational approaches have not appeared.

In anticipation of the federal planning mandate, the New York State Governor's Council on Rehabilitation prepared a publication "... in fulfillment of the charge given this Council to prepare recommendations leading to a comprehensive plan for rehabilitation of the disabled in New York State."[8] This document was a detailed report of the rehabilitation programs provided by various units of eight major state departments to explain the administrative structure and departmental responsibility for rehabilitation services.

In December 1967, James E. Allen, Jr., the former Commissioner of Education, encouraged the State Advisory Committee to study the vocational rehabilitation problems broadly and intensively. The Assistant Commissioner of Vocational Rehabilitation and the Director of the Commission for the Blind encouraged community receptivity to planning. Both reiterated a sincere commitment to work for implementation of this plan. The need to expand and improve vocational rehabilitation services for the state's handicapped population as well as for the disadvantaged was recognized. Fears that scant funds and insufficient manpower for traditional programs would be diluted by including a charge to serve the disadvantaged, had to be faced.

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7 Proposal for Comprehensive Statewide Planning for Vocational Rehabilitation Services, The University of the State of New York, The State Education Department, Albany, New York June 1967.

8 Joseph Fenton and Martha Thompson, Editors, New York State Program and Services in Rehabilitation: Background for the Development of a Comprehensive Plan for Rehabilitation in New York State. The Governor's Council on Rehabilitation, Albany, New York. October 1966. The quotation is from the Council Chairman, Leonard W. Mayo's letter of transmittal to Governor Rockefeller.

In addition, there were technical problems. To plan properly, estimates of the prevalence of disability had to be prepared and target population determined. Current policies and practices were reviewed, public and private facilities were canvassed, staff needs and funds required to serve the target population were determined. There was also a need to establish priorities and recommend alternatives so that an increased number of those in need could benefit.

Governor Rockefeller designated the Board of Regents of the University of the State of New York as the agency responsible for developing the planning project. In turn, the Board of Regents established the Office of Statewide Planning for Vocational Rehabilitation Services under the administration of a Vocational Rehabilitation Planning Council to prepare a plan. Extensive provisions were made for local, regional, and statewide participation through extensive use of advisory committees.

To obtain a "grass roots" pulse, it was decided that representatives of state departments and agencies, local, public and private agencies, professional and civic groups, representatives of minority groups, management, labor, and the consumer would be recruited from all areas of the state. Citizens interested in rehabilitation were also invited to participate. Thus, the stage for community involvement throughout the state was established. As intended, the report has been developed with broad community involvement.

Many factors enter into a planning enterprise of this magnitude. The focus of the effort of the broad-based Advisory Committees were directed toward handicapped people, how services to them could be improved, and how more of them could be reached. Planning is actually an explicit invitation of systematic ordered change; therefore, it is necessary to acknowledge the underlying and overt influences that may affect the outcome of change.

Before passage of the 1965 Amendments to the Vocational Rehabilitation Act, the need to deal with the social, economic and political imperfections of our society was expressed by John F. Kennedy's "New Frontiers" program. Continuity to what this has come to mean was found in the Johnsonian "Great Society" concept. Those who were to engage in vocational rehabilitation planning would undoubtedly bring to their task their attitudes and responses to these issues. One of the Regional Reports illustrates this.

> "To planners for improved and expanded vocational rehabilitation services, mounting public assistance rolls were a matter of grave concern. So were the riots in Watts, Newark and Detroit and so was the Kerner Report ... The escalating costs of the Vietnamese war and the cuts in the federal budget and curtailment of spending for needed health and welfare services had a direct effect on planning. The excitement of the national elections and politics in general had their impact too." [9]

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[9] Region I Report (See Volume II)

Although trends in the rehabilitation field were of primary concern, underlying issues were reflected in the development of the report. Nationally and locally there was a growing awareness of the value of rehabilitation as a process that helped the physically or mentally handicapped in such a way that he is able to move toward vocational goals and to realize them. Nevertheless, attitudes toward the handicapped, and availability and delivery of services warranted further study.

Statement of Purpose

According to federal directives, the purpose of planning was to develop a comprehensive vocational rehabilitation program in each state, including the orderly development of services and resources (public and voluntary) so that by July 1, 1975, or sooner, vocational rehabilitation services would planned for or available to serve all handicapped individuals in the state. This planning effort included, among other things, estimates of present and projected vocational rehabilitation needs through 1975; assessment of the adequacy of present programs and resources in terms of present and projected needs; and delineation and description of the specific steps necessary for the developing of adequate vocational rehabilitation resources and programs within the state. [10]

New York State, in accepting this framework, subjected the federal statement of purpose to the review by the different planning levels once they became operational. The intent here was to determine whether or not there were particular purposive elements that could be added or given emphasis. Logically, these discussions carried over to consideration of the scope of the inquiry that was to follow. Hence, it is important to stress the very close relationship between purpose and scope. It should also be pointed out that statements of purpose tend to become expressed as goals, but with a somewhat tenuous line between them. For the most part, the reasons for planning in the vocational rehabilitation field, so concisely drawn in the federal statement, were not added to, but were clarified.

At the first meeting of the State Vocational Rehabilitation Planning Council there was discussion of the need to reach an "understanding of rehabilitation terms and definitions..." and to define the project "in terms of vocational rehabilitation as a special concern under the larger field of rehabilitation." This raised the issue of the necessity to deal with the whole if we plan for any of its parts. But, at the heart of the study, the Council declared, was the "need to emphasize the individual and his human needs in all service programs." [11]

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[10] Fed. Memo # 10.

[11] Minutes of Meeting of the New York State Planning Council for Vocational Rehabilitation Services, April 6, 1967.

The obvious relationship of vocational rehabilitation to other programs and activities being carried on under federal, state and local auspices which have rehabilitation as their focus, is clear. How can one segment of rehabilitation encroach upon the jurisdiction of those other programs? In defining planning purposes, what is meant by the federal directive's statement: "the development of a comprehensive vocational rehabilitation program"? Is comprehensive the operational word?

In formulating a comprehensive plan there is a special responsibility to develop concepts and philosophy for approaching the task. This may be considered an added purpose to planning. However, it would be folly to suggest that a comprehensive plan of the sort envisioned here is tantamount to a 'blueprint' for 1975. No amount of planning effort can be endowed with 'prevision' as to produce such a product. Thus, the plan for 1975 will not pretend to be a detailed blueprint, but a point toward a definite direction, a foundation for future programming.

The suggestion is that the planning ingredients change from time to time. Using the trinity of terms suggested by sociologist, Daniel Bell, density, number and interaction, [12] it is seen that there are kaleidoscopic variables, identifiable for the present, but which lend themselves to future projections. Ultimately, and periodically, reappraisals and new directions are needed.

The purpose of the statewide planning effort for vocational rehabilitation in New York State has been to recommend expansion, modification, and alternative methods of delivery of rehabilitation services for all handicapped persons. In so doing there has to be an assessment of demand for client's need for service, and the adequacy of present programs and resources. Included is a description of the actions needed for the developing of adequate rehabilitation resources and programs within the state.

Two approaches to the treatment of the scope of planning for vocational rehabilitation services follow: first, is a description of what was proposed by project staff in implementing various policy directives; second, what was actually accomplished by the various advisory commitees.

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[12] "A modern mass society is characterized not only by increasing number, but by even more frequent interaction between persons and between organizational units, all of which results in an increasing social and psychic density. A whole series of problems issue from this dimension of change." From: "Toward the Year 2000: Work in Progress." Daedalus. American Academy of Arts and Sciences, Cambridge, Mass. Vol. 96. No. 3. Summer, 1967, p. 703.

In the second approach, considerable differences in the treatment of materials by the four Regions will be found which reflects the individual makeup of each area. What was studied and reported on did not vary significantly from what was originally intended. Of importance was the fact that the Advisory Committees and Task Forces were given a broad enough mandate to allow for expression of opinion and evaluation of such data as they had available to them. Thus, they identified local problems and related them as they saw fit to to the larger issues that have been touched upon in this Chapter.

In an attempt to provide uniformity of coverage and commonly understood terminology, the Office of Statewide Planning for Vocational Rehabilitation Services published "A General Handbook for Advisory Committee Members". This was distributed in June 1967. Its purpose was to orient committee members to their role and to offer guidelines to assist them in their task. In addition to presenting the elements of the planning structure, there was a review of the operations of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped's vocational rehabilitation services. A brief history of rehabilitation and the development of legislation was presented along with a discussion of rehabilitation and vocational rehabilitation concepts.

The handbook, and several other documents, under the guidance of the Planning Council, assisted the planners in their work. Two other key pieces contributed to the delineation of content. These were:

> Statewide Planning Memorandum No. 10, Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare.
>
> Statement of the Chairman of the State Advisory Committee. December 27, 1967.

Any discussion of scope should be equated to study, goals , or subject matter and each of the documents mentioned were attempts to refine and focus attention on various issues. The following categories of concern were stressed:

A. Definitions

What do we mean by vocational rehabilitation? Granted that vocational rehabilitation must be the primary focus; nevertheless, the planners were not myopic in their frame of reference, nor in suggestions they found worthwhile to put forward concurrently while meeting primary objectives.

The term "vocational" calls for examination and a new frame of reference in view of the past emphasis, on physical and mentally disability. Social malaise stemming from social and motivational disability are current factors. Revision of Federal and State Legislation (PL 89-333 and New York State Legislation: C 746, L. 1967) suggest a broadened concept of disability that takes "into consideration social and cultural factors that tended to aggravate the impact of even a minor disability." 13

B. Vocational Rehabilitation and the Service Continuum

Where does vocational rehabilitation lie in its relationship to other programs and activities carried on under federal, state and local auspices? Is there a continuum of services which exists or which may be envisioned ranging from the absolute negative of nonservice (for those wholly self-sufficient) to the maximum of support, care, and custody of those wholly dependent socially and functionally upon society for their care and maintenance? How much of this continuum does vocational rehabilitation occupy? How much should it?

C. Patterns of Service Delivery

These questions lead to the examination of the boundaries and missions of closely allied or associated programs. Have we developed today a number of programs, which in whole or in part overlie others? And shouldn't we examine other programs to arrive at clear and distinct philosophies of scope and mission? We are not implying that there is an over abundance of services but that the limited services overlap administratively.

D. Utilization of Resources: The Role of the Voluntary Agency

Are our resources being utilized in the most effective fashion currently? Prospectively? The multiplicity of related programs representing multi-funding interests has already been noted. The differences in contribution between the individual and/or his family, the community and the public within and among various programs is also worth recognizing.

The role and posture of the voluntary agencies is of special concern. Voluntary agencies generate much interest, sympathy and financial support from the public in behalf of the program objectives. However, the well-springs of private philanthrophy are not keeping voluntary agencies "afloat" these days. They are dependent for their continued survival upon grants, subsidies, and fees for service from public sources. This public-voluntary partnership provides (1) their expertise grounded in community needs and community acceptance; (2) their physical plant and equipment, a huge investment and irreplaceable resource; (3) their flexibility and capability to innovate; (4) their spirit of commitment.

E. Effectiveness of Service Delivery Structures

Are the instrumentalities at hand -- our organizations and structures -- best designed to (a) attain effective correlation of efforts and resources; (b) reach and serve the clientele for whom the services are designed? Although rehabilitation draws upon and requires the allied

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13 State Vocational Rehabilitation Planning Council Minutes, 9/20/67.

services and skills of a number of different disciplines, are we equipped to provide all needed services conjointly? Do we have -- and if not should we foresee some multifunctional pattern of services, provided at the neighborhood level with federal, state and local governmental distinctions blended into a client focused unity? Is there a complementary channel for fusing service outputs more effectively? *

In directing their attention to these problems the Advisory Committee members focused their attention on the 7 major categories listed below:

1. Populations

In addition to those disabled currently being served, others might benefit from vocational rehabilitation services. There was a need to identify these populations and to suggest approaches to to reach them.

2. Voluntary Agencies

A variety of private agencies offer services that are required in the vocational rehabilitation process. How these services can be expanded or improved to meet the needs of handicapped was another major concern.

3. Public Agencies

Public agencies are directly or indirectly related to vocational rehabilitation services. A review of service patters ascertained what interrelationships are desirable to better serve the disabled populations of the state.

4. Professional Manpower

The rehabilitation process requires a variety of professional and technical competencies currently in short supply. Methods to increase the supply of trained workers were identified and suggested answers to the following questions are presented. Is there a need to redefine professional jobs and how they are utilized? Can subprofessional personnel be employed?

5. Financial Resources

A variety of federal, state and local funding programs may be used to finance agency services related to vocational rehabilitation. New fiscal approaches have also been indicated.

6. Legislation

Current federal and state legislation was reviewed along with regulations and policies that translate laws into programs. This review considered combinations currently possible, their application to meet vocational rehabilitation needs, modifications required, and new laws deemed necessary.

*Abridgement
Categories derived from Professor Hipple's statement 12/27/67/

7. Research

Experimental and demonstration projects that relate to vocational rehabilitation programs were identified.

The scope of study thus far presented indicates that broad viewpoints as well as technical considerations were sought. In this regard, the Federal Planning Memorandum (14) is interesting for two reasons. First, it required detailed, substantive data that could be documented, and any recommendations or conclusions be supported by pertinent data and rationale. Secondly, a review of the memorandum leads to the conclusion that the federal government has been attempting to assess on a national level, not only the prevalence of handicapped persons, or the particular needs of the various categories of disability, but to dovetail programs offered by other governmental agencies. Programs for the aged and youth, public assistance and economic opportunity programs, correctional rehabilitation, the rural disabled and migratory farm workers, Workmen's Compensation, and Social Security and Vocational Rehabilitation services were all to be considered.

A most meaningful requirement called for an analysis of how interrelated programs are or can be coordinated. The guidelines states: "Responsibility for programs and administration and coordination roles should be identified. Any problems areas experienced in the development of these relationships should be described." 15 Some of the interrelated programs are: State Employment Service, MDTA Program, Public Welfare, Education, Public Health, Voluntary Organization, Model Cities and CAMPS. To broaden the perspective even more, the guidelines also suggest a review of coordination with other state planning efforts and administrative and operational concerns.

In effect, what was called for was a comprehensive review of the entire gamut of social, health and education services in an attempt to determine how they relate to vocational rehabilitation practice. The federal government was inviting each of the states to review programs in these fields and to determine if there is a pattern of expressed need that can be translated into a more unified delivery of services. Such a review is certainly consistent with the reorganization of the Department of Health, Education and Welfare. In addition, legislative and financial factors were to be considered in the development. This suggests that attention would be given to recommendations made by the state, legislation at both the federal and state levels would be acted upon, needed administrative changes would be made, and funds needed to carry out the plan would be appropriated.

14 Department of Health, Education, and Welfare Rehabilitation Services Administration, Memo No. 10, November 29, 1967.

15 ibid, pg. 5

The State Vocational Rehabilitation Planning Council at its first meeting indicated, "...it was important to support a plan or program with adequate appropriations to insure their implementation." However, it must be noted that the enthusiasm generated with the passage of PL 89-333 in 1965 and the amendments of 1968 (PL 90-391) has diminished by the failure of the Federal Government to provide sufficient funds for even traditional vocational rehabilitation services. There was a substantial cutback of appropriate funds during fiscal year 1969. Priorities mirrored at the state and local levels undoubtedly are among the reasons for the paucity of funds. These practical concerns have found their way into the Advisory Committee reports.

> "Both optimism and pessimism confront the rehabilitation community's financial outlook. Yet, all the lead indicators point to greatly increased government supports for services. But, with augmented financing will come a charge to serve larger population groups and develop more effective service patterns".[16]
>
> "The pessimism expressed in some of the Task Group Reports is merited. The present lack of funds for the establishment of services and needed rehabilitation facilities is a sharp contrast to future needs." [17]

Despite formal directives provided by federal and state sources, once the planning mandate for comprehensive planning was transferred to community groups across the state, a complex organization developed. The purpose and scope of planning, the methodology and assignment of tasks were subject to question and consequent change. The Advisory Committee reports indicate considerable concern with the magnitude and scope of work. Ultimately, some committees found limitations of time and staff required selectivity in the issues to be covered. Not withstanding these constraints, as the planners "dug in" there was an appreciation for the opportunity to contribute substantive thinking. The minutes of various Task Force Reports revealed an appreciation for the value of rehabilitation services. There was much discussion that indicated a paramount concern for human values and needs. An impressive list of recommendations allocated to the Vocational Rehabilitation Program such a wide variety of services for an equally wide variety of individuals that it became virtually impossible for any one agency to assume administrative responsibility for their implementation. There were variations in approach and emphasis to problems in different regions, but after a study of major issues, there was an awareness of the need of the rehabilitation community to build an involvement with many service deliverers, public and private. Some advocated more coordination, others aimed at service integration.

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[16] Planning Council Minutes, April 6, 1967

[17] Statewide Planning Regional Reports

There was a striving for new directions in using community resources to meet service requirements. There were also a series of conflicting social issues which entered into planning deliberations. Cherished traditions were questioned and compared to actual practices in meeting the needs of handicapped and disabled people. Consequently, many of these factors entered into the conclusion that practices and resources needed to be reframed and reordered. The tendency to broaden rehabilitation concepts and to include other persons under its aegis has been apparent thus far. The balance of this report gives attention to priorities and required changes.

THE PLANNING ORGANIZATION

Federal regulations established the organizational guidelines for the conduct of statewide planning. These required a designated organization, an advisory committee, and an adequate staff. Within these bounds, the states were free to implement planning as their requirements and needs dictated. A closer look at these requirements is useful, for it provides insights regarding the intent of the federal agency to stimulate a major review of the State's vocational rehabilitation program. Furthermore, support for recommendations locally developed would act as a force to move towards implementation of the recommendations.

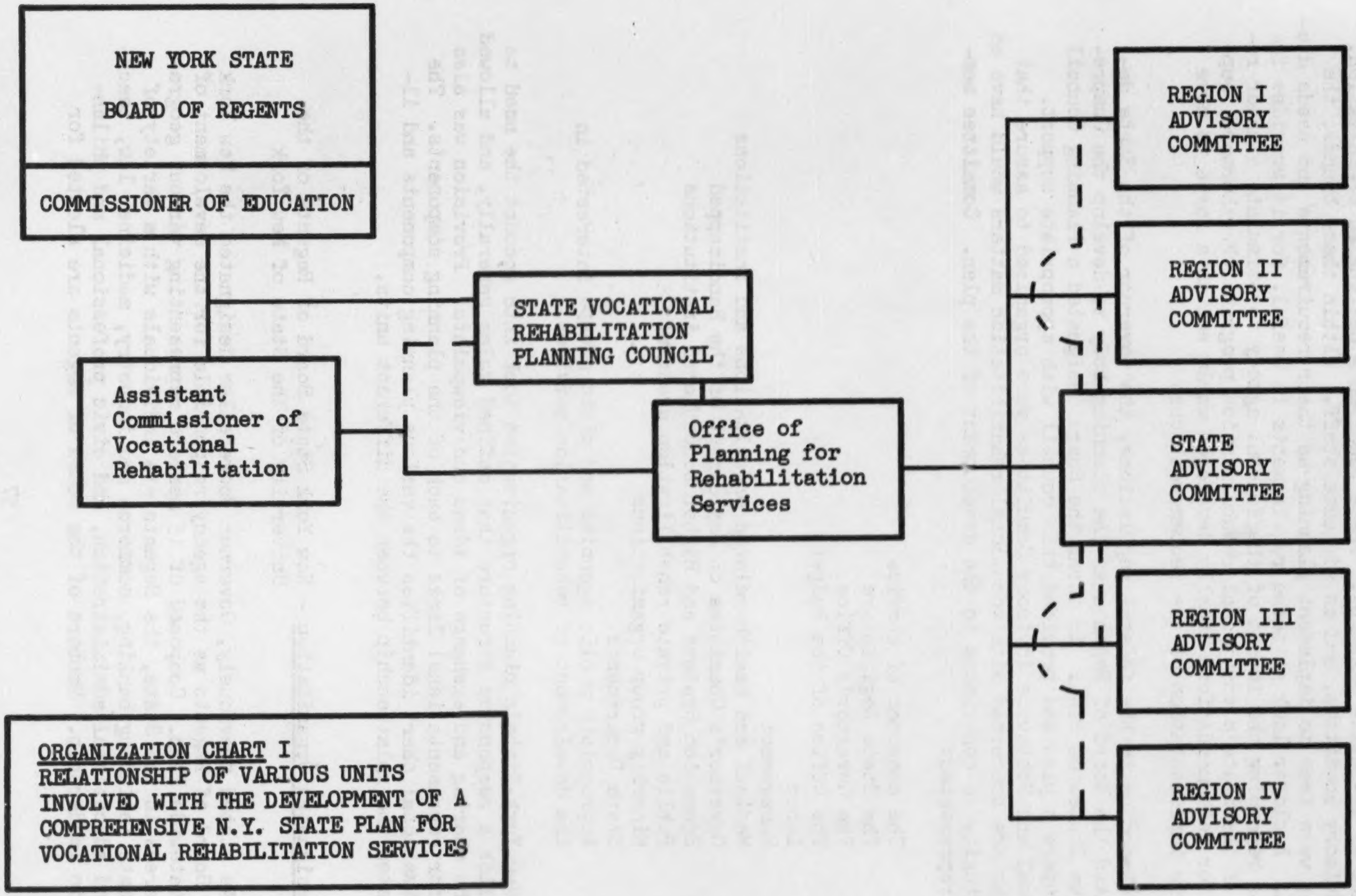
According to the federal regulations, the Governor of the State designated the Board of Regents as the planning body to develop the Comprehensive Statewide Plan. In turn, the Board designated a Planning Council to prepare a plan and provided this council with appropriate support. Regional and Statewide Advisory Committees were organized to assure that all who are concerned with vocational rehabilitation matters would have an opportunity to contribute to the development of the plan. Committee members represented:

The consumer of service
The State Legislature
The Governor's Office
The Office of the Budget
Labor
Management
Medical and health-related organizations and institutions
Governor's Committee on Employment of the Handicapped
Education Systems and Higher Educational institutions
Public and private rehabilitation agencies
Minority group organizations
State Departments
Appropriate public agencies and civic groups interested in the development of rehabilitation services.

New York State's planning organization took into account the need to establish a responsive structure that defined roles generally, and allowed for the sharing and exchange of ideas and viewpoints. Provision was also made for representational links to each of the planning components. The organizational chart identifies the various planning components and illustrates the relationship between the different units.

The Designated Organization - New York State Board of Regents of the University of the State of New York

As stated previously, Governor Rockefeller designated the New York State Board of Regents as the agency responsible for the development of the Statewide Plan. Composed of 15 members representing various geographic areas in the State, the Regents are individuals with a variety of interests including banking, commerce and industry, medicine, law, teaching and educational administration, and civic professional and philanthropic leadership. Members of the Board of Regents are elected for


NEW YORK STATE
BOARD OF REGENTS
COMMISSIONER OF EDUCATION
STATE VOCATIONAL REHABILITATION PLANNING COUNCIL
Assistant Commissioner of Vocational Rehabilitation
Office of Planning for Rehabilitation Services
REGION I ADVISORY COMMITTEE
REGION II ADVISORY COMMITTEE
STATE ADVISORY COMMITTEE
REGION III ADVISORY COMMITTEE
REGION IV ADVISORY COMMITTEE

ORGANIZATION CHART I
RELATIONSHIP OF VARIOUS UNITS INVOLVED WITH THE DEVELOPMENT OF A COMPREHENSIVE N.Y. STATE PLAN FOR VOCATIONAL REHABILITATION SERVICES

fifteen-year terms by a joint ballot of both houses of the State Legislature. The Board of Regents appoints the Commissioner of Education as the chief administrative officer of the State Education Department and President of the University of the State of New York. The Board has supervision over the State's elementary, secondary, and higher public and private education systems. It has has authority for professional licensing, for the issuance of charters for educational and cultural facilities, libraries and museums.

The Board of Regents is also designated as the New York State Board of Vocational Education and is empowered to carry out the provisions of the Federal Rehabilitation Act. [18] The Regents, acting as the Board of Vocational Education, is the sole agency for the administration, supervision, and control of State services for the vocational rehabilitation of the handicapped.

The Board of Regents established a State Vocational Rehabilitation Planning Council as a policy board and an Office of Statewide Planning for Vocational Rehabilitation Services with a director and staff to administer the project. Liaison between the Board of Regents, the State Vocational Rehabilitation Planning Council, and other planning components was maintained by the Office of Statewide Planning for Vocational Rehabilitation Services. Pertinent data was submitted to the Commissioner of Education through the Assistant Commissioner for Vocational Rehabilitation who provided guidance and support and acted as liaison throughout the project.

Policy Board

The State Vocational Rehabilitation Council was appointed by Commissioner of Education, James E. Allen, Jr. The 12 member Vocational Rehabilitation Council consisted of nonpublic persons well known in the field of health care, business, labor, law, education, national civic organizations, and professional rehabilitation agencies. Eugene J. Taylor, Professor, Institute of Rehabilitation Medicine, New York University Medical Center, and Chairman of the Governor's Council on Rehabilitation, served as Chairman of the Planning Council.

Howard A. Rusk, M.D., Director of the Institute of Rehabilitation Medicine, New York University Medical Center, served as the consultant to the Council.

The function of the Planning Council was to set overall policy for direction of the state's planning effort which included responsibility for the delineation of broad areas of scope and methodology. Annual and semiannual progress reports of the planning effort were prepared at the direction of the Council and sent to the Commissioner of Education and the Rehabilitation Services Administration. The Planning Council received the report and recommendations of the Advisory Committees. To provide liaison between the Planning Council and other planning components, the chairman of the Council served as an ex officio member of the State Advisory Committee. Council members were also invited to attend meetings of the Advisory Committees. The Council, with the assistance of the Office of Planning was responsible for the review of the State Advisory Committee Report and the development and submittal of a preliminary draft of the State report for Vocational Rehabilitation service to the Board of Regents.

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[18] Chapter 543, Laws of 1961. New York State

State Advisory Committee

A State Advisory Committee, of some 80 members, was established. The State Advisory Committee was to consider the implication of local needs in terms of state concerns and formulate recommendations to be used in developing a statewide plan for vocational rehabilitation services.

To carry out its charge the State Advisory Committee was organized as follows:

1. Structure and Practice Committee
2. Resources and Facilities Committee
3. Scope and Priorities Committee
4. Executive Committee

In outline form, the role of each Committee was as follows:

A. Committee on Structure and Practices

1. To become familiar with present organizational patterns involved in providing rehabilitation services within the State, the Nation, and in other lands

2. To consider relative roles of governmental jurisdictions federal, state and local

3. To weigh the interrelationship of public and private endeavors

4. And to correlate findings of regional and other committees into a prospective structure for delivery of services which will reflect the most appropriate articulation of interagency interests and capacity

B. Committee on Resources

1. To become acquainted with present provisions for the distribution of financial supports for rehabilitation services and to consider their implication for the future.

2. To explore resources available for the training and development of manpower

3. To consider findings of the special efforts and report of the Bureau of Facilities Planning and correlate those efforts with findings of regional committees

4. To coordinate and consolidate findings of regional studies and other committees about prospective needs, and in doing so indicate the resources required to accomplish the goals

C. Committee on Scope and Priorities

1. To review current philosophies of vocational rehabilitation in the context of: a) current law; b) optimization of current law; c) potential revisions of law with sepcial reference to the questions of what should constitute "vocational rehabilitation" as a service and the populations to be served

2. To coordinate and consolidate degrees of need and populations to be served as developed by special studies, including the data prepared by regional committees

D. Executive Committee

1. Ensure orderly progress of work of the statewide committee and its constituent committees

2. To assure coordination and articulation of the program and progress of regional committees with the work of the statewide committee

3. To direct the draft of the statewide plan based on the reports of the state subcommittees and the four Regional Reports and other appropriate literature or data.

Each member of the State Advisory Committee was assigned to one of the task-oriented committees. Early committee efforts were devoted to identifying problems in the State vocational rehabilitation service delivery system.

The structure of the State Executive Committee was designed to supply articulation and representation from the Regions. Each Regional Advisory Committee Chairman and Vice-Chairman was designated as a member of this executive committee. The Chairman and Vice-Chairman of the three State Advisory Committee sub-committees were also included. In addition, the Chairman of the Vocational Rehabilitation Planning Council, and the directors of the State Vocational Rehabilitation Agency served as ex officio members. The Office for Planning was staff to the State Advisory Committee and the Council.

Regional Advisory Committees

The greatest number of people were involved in planning at the regional and district levels. Individuals served as members and consultants on these committees. Each region varied, with Committee members and consultants ranging from 109 to 164 individuals. Not included in these statistics were scores of other citizens and professionals who participated in task force discussions or who were invited to attend one or more special meetings, prepare a position paper, or perform research related functions. Their names may not be listed in this report, but their contributions were, nonetheless, important.

As was the case with the other planning bodies, the Regional Advisory Committee members were appointed for a 2 year term. These Committees undertook various activities, as described in guidelines prepared by the Office for Statewide Planning.

The Regional Reports, (See Volume II) are unique because they identified local problems and reflected local attitudes. In each area there was a sense of immediacy based on an acute awareness of the resources at hand and the needs of the community. There was the recognition that rehabilitation services were far from perfect and that they could and should be improved. In many instances, the regional material, including minutes of some of the meetings, show a willingness of self-evaluation. There was remarkable candor in the criticism of programs and services provided by both the public and private agencies. There was also keen appreciation for the positive programs available.

For instance, the Region II Report challenges some of the traditions that have come to be accepted. "Eligibility for rehabilitation services is an area of much concern in the community." Similarly, the Report from Region IV suggested that attitudes were among the barriers to providing rehabilitation services.

> "Attitudes on the part of both public and private agency personnel often tend to discourage the client from seeking help. Most agencies in terms of location, hours, and scheduling are based on convenience of staff rather than the client ..."

The report also indicates that "the separation of special disability categories into their own centers and workshops tends to perpetuate isolation and dependency and that integration of various disability categories would tend to place more emphasis on the transient nature of the workshop experience..." Not all agencies are using their professional staff in terms of maximum use of their skills. Delays in data collection, particularly of diagnostic data, duplication...and delays in determination of acceptance and eligibility were found to be prevalent in both private and state agencies."

But in balancing criticism with the strengths of the state voluntary agency partnership in the delivery of vocational rehabilitation services, Region III comments,

> "The range of these services is extensive and has shown considerable growth and professional development within the last ten years. In review, this development has been made possible by combining the resources of both the government agency and voluntary agencies. It is felt that the combining of resources and mutual cooperation should be continued to provide the best mechanism for the delivery of rehabilitation services to the disabled."

Region I, in suggesting a goal of closer unification of related services and service deliverers states this would "enhance the rehabilitation process within recognized rehabilitation agencies. Interpretation of much of the data can lead to the conclusion that rehabilitation should be and ought to be a total system in its own right..."

While these comments dwell on substantive issues, they illustrate that the regional committees could not only identify problems with honesty but also make constructive suggestions for their solution.

Structure of Regional Advisory Committees

Region I

Shortly after Regions became operational in December 1967, the structure shown on Chart I was adopted. The major structural deviation from the statewide protocol was a decision to abandon district committees. According to state guidelines, New York City was divided into five districts corresponding to each of the five boroughs. Each district was to have a structure parallel to the Region, including Task Groups. This was felt to be too unwieldy. It was decided to treat New York City as a whole in obtaining data, and wherever possible, borough statistics and needs would be identified by the Task Groups. This data would then be studied by the borough committees, additions and changes would be made, and a set of recommendations and priorities would be adopted.

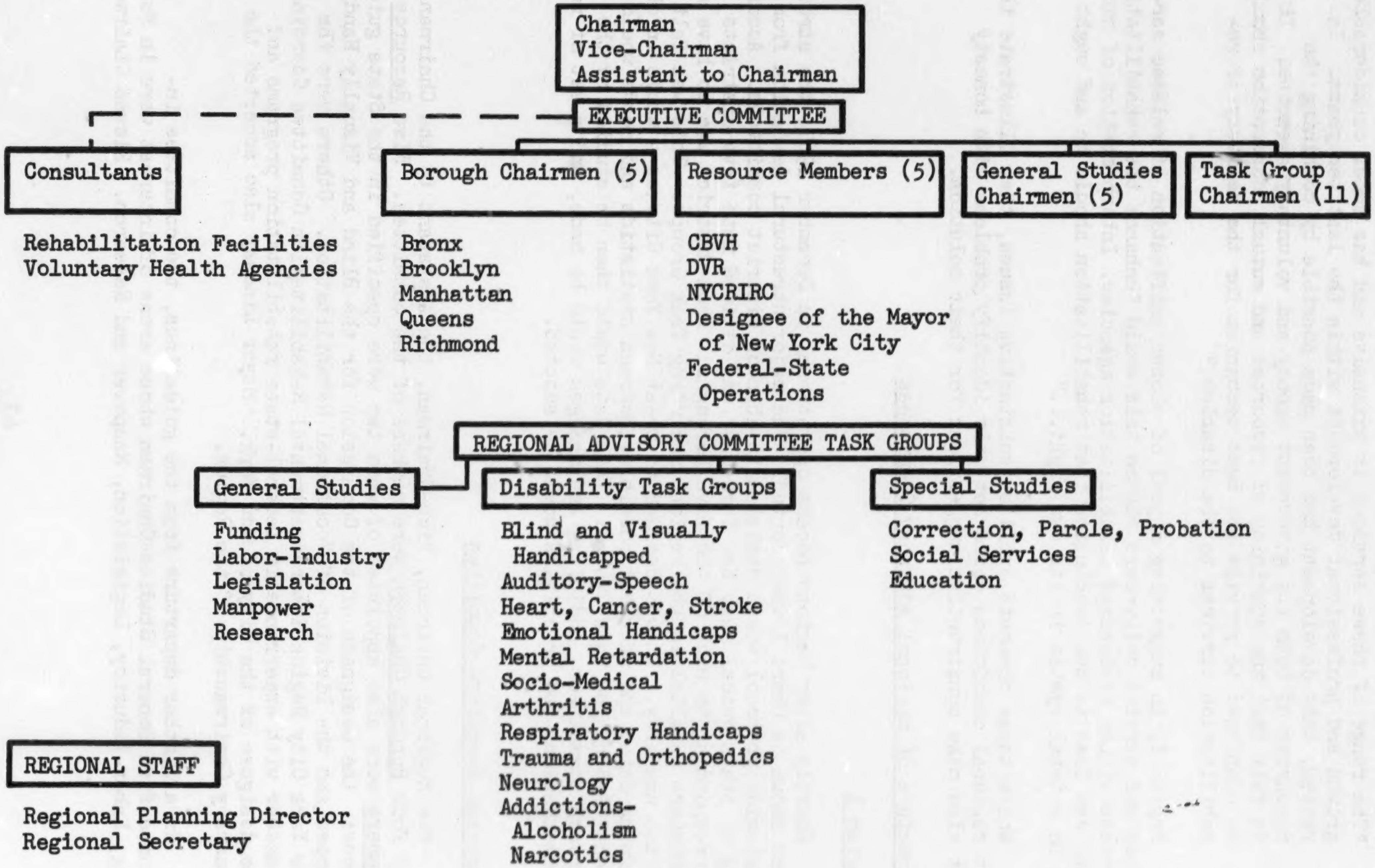
Regional Executive Committee

The Regional Chairman, Vice-Chairman, the Assistant to the Chairman and four Borough Chairmen were members of the committee. Five Resource Members were also appointed of whom two were specified in the State guidelines: the designees of the Commission for the Blind and Visually Handicapped and the Division of Vocational Rehabilitation. Others were the New York City Region Interdepartmental Rehabilitation Committee Coordinator, a member with experience in federal-state rehabilitation programs and the designee of the City of New York. Mayor Lindsay also accepted the honorary Chairmanship of the Region.

In a further departure from the guidelines, the committee included five General Studies Chairmen whose areas of interest were in Funding, Labor-Industry, Legislation, Manpower and Research. Eleven Chairmen

CHART II

REGION I ORGANIZATIONAL STRUCTURE


Chairman
Vice-Chairman
Assistant to Chairman
EXECUTIVE COMMITTEE
Consultants
Rehabilitation Facilities
Voluntary Health Agencies
Borough Chairmen (5)
Bronx
Brooklyn
Manhattan
Queens
Richmond
Resource Members (5)
CBVH
DVR
NYCRIRC
Designee of the Mayor of New York City
Federal-State Operations
General Studies Chairmen (5)
Task Group Chairmen (11)
REGIONAL ADVISORY COMMITTEE TASK GROUPS
General Studies
Funding
Labor-Industry
Legislation
Manpower
Research
Disability Task Groups
Blind and Visually Handicapped
Auditory-Speech
Heart, Cancer, Stroke
Emotional Handicaps
Mental Retardation
Socio-Medical
Arthritis
Respiratory Handicaps
Trauma and Orthopedics
Neurology
Addictions-Alcoholism
Narcotics
Special Studies
Correction, Parole, Probation
Social Services
Education
REGIONAL STAFF
Regional Planning Director
Regional Secretary

or Co-chairmen of the Disability Task Groups were also assigned places on the committee. Two consultants to the Regional Executive Committee were designated for their knowledge of rehabilitation facility operations and the voluntary health agencies. A total of 29 persons comprised the Regional Executive Committee of whom two were consultants. Staff support was provided by the New York City Regional Planning Director and the Regional Secretary.

Regional Advisory Committee Task Groups

As the chart shows, 11 Disability Task Groups were organized, which were the vehicles for member involvement and participation. Dissatisfaction with the emphasis on categorical disability arose at the first meeting of the committee in December 1967. An attempt to unify some of the disabilities into more generic categories was not wholeheartedly accepted. A suggestion to combine emotional handicaps with mental retardation was rejected, although one joint meeting did take place. Similarly, the linking of Trauma and Orthopedics with Arthritis was not accepted. A category of Communications Impairment combining the Blind and Visually Handicapped with Auditory Speech Handicaps was not feasible because of the dissimilarity of the groups under study.

While the structure of the Disability Task Groups preserved the categorical focus, this held more as a frame of reference and procedural device than it did as a guideline to substance. Without exception, the Task Group Reports stated the problems within the particular disabilites, and then reached out to the larger arena of disablement, per se. What resulted was a predominant concern with the handicapped person's functional capacity rather than exclusive preoccupation with specific needs of one or another disability. Correction-Probation-Parole, Education and Social Services were viewed as part of a larger social system, organized to deliver a variety of services to answer varying client needs. Practitioners in each field were invited to participate in a study that would answer a basic question: for each field, how can vocational rehabilitation best be utilized? The complete report of Region I appears in Volume II.

Region II

In Region II the Advisory Committee was asked to look at existing local rehabilitation agencies, services, evaluation of the services provided and resources available, population served, service effectiveness, unmet needs, and requirements to serve the area. Techniques and processes for service delivery systems were developed on a county as well as a regional basis. County or district chairmen were designated by the Regional Chairman. They, in turn, selected County Task Force Chairmen. All four counties in the Region submitted reports. The Regional Planning Director encouraged the involvement and participation of the many community groups including consumers of services. Some counties acted as a committee of the whole, others had individual committees.

For the purpose of planning, Region II was divided into four districts; Nassau, Suffolk, Westchester and Rockland. (See Chart II) The Executive Committee was the coordinating body and consisted of the County or District Chairman and Vice-Chairman, representatives from New York state departments or agencies (Workmen's Compensation Board, Division of Vocational Rehabilitation (DVR), Office of Economic Opportunity (OEO), Parole, Correction, Social Services, Commission for the Blind and Visually Handicapped, Commission for the Deaf), the Regional Task Force Chairman, and the Regional Chairman and Vice-Chairman. The Regional Chairman worked directly with Westchester and Rockland District Chairmen and committees and the Regional Vice-Chairmen with the Nassau and Suffolk Chairmen and committees. The County or District committees prepared a preliminary and final report within the framework of three phases: 1. What existed? 2. What was needed? 3. How should the job be accomplished?

Region III

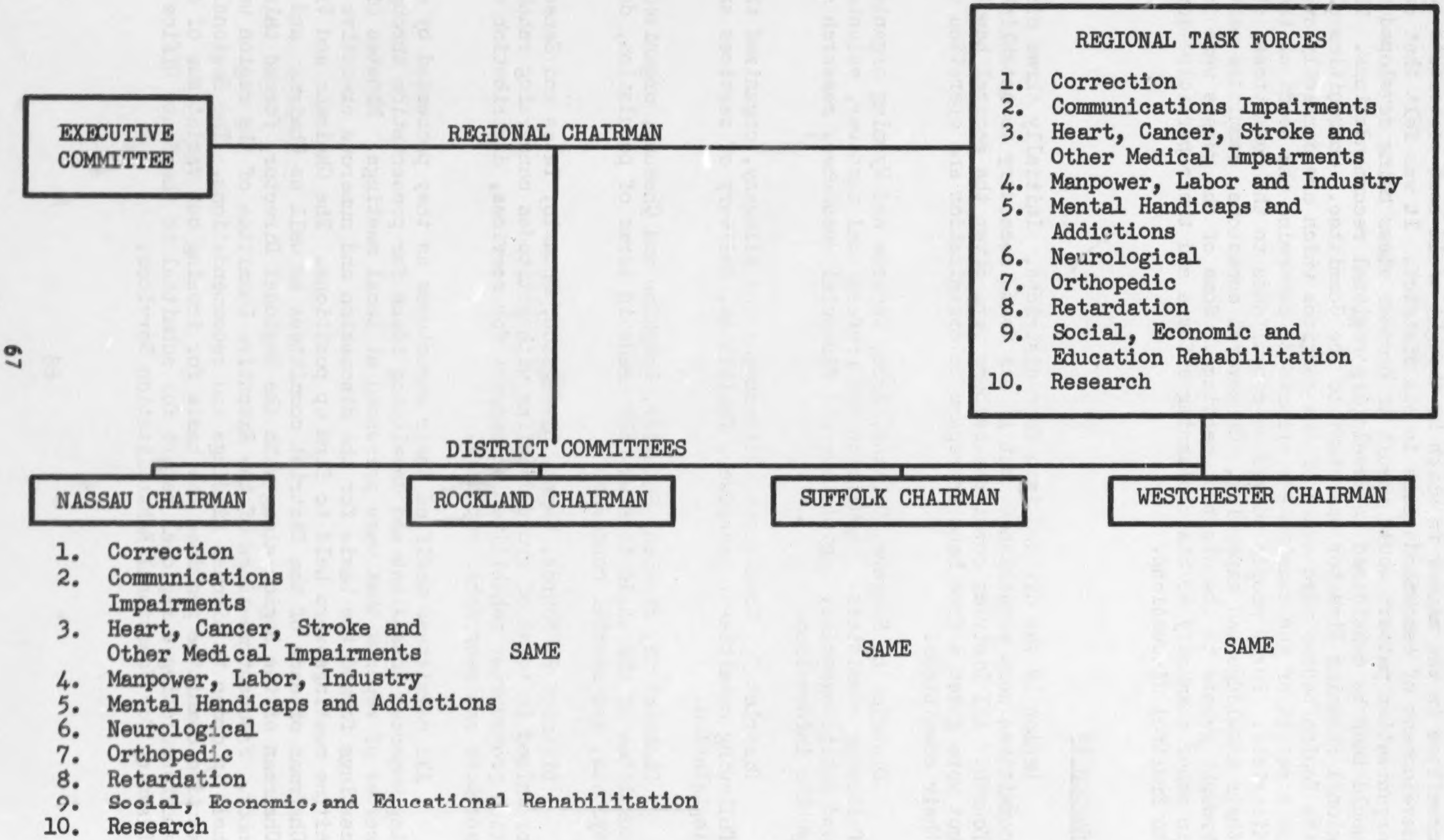
For planning purposes, Region III was subdivided into five districts. One district was subdivided because of transportation problems of its members in attending meetings. The districts and counties were organized as follows:

DISTRICT	COUNTIES
I Albany	Warren, Fulton, Saratoga, Washington, Montgomery, Schenectady, Rensselaer, Schoharie
II Poughkeepsie	Sullivan, Ulster, Greene, Columbia Dutchess, Orange, Putnam
III Binghamton	Cortland, Chenango, Tioga, Broome, Otsego, Delaware
IV Syracuse	Oswego, Oneida, Onondaga, Madison, Cayuga, Herkimer
V-A Plattsburgh	Essex, Clinton, Franklin
V-B Watertown	Hamilton, St. Lawrence, Jefferson Lewis

Districts did not organize in the same way. (See Chart III) Most of the districts delegated specific assignments to task force groups, one district functioned as a committee-of-the-whole. But each district followed the guidelines in the "Handbook for Regional Advisory Committee Me,-bers." The Executive Committee was made up of the Regional Chairman, and Vice-Chairman, the Chairman and Vice-Chairman of each District, the Representatives of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped, and the Regional Planning Director and the Regional Secretary.

CHART III

REGION II ORGANIZATIONAL STRUCTURE


EXECUTIVE COMMITTEE
REGIONAL CHAIRMAN
REGIONAL TASK FORCES
1. Correction
2. Communications Impairments
3. Heart, Cancer, Stroke and Other Medical Impairments
4. Manpower, Labor and Industry
5. Mental Handicaps and Addictions
6. Neurological
7. Orthopedic
8. Retardation
9. Social, Economic and Education Rehabilitation
10. Research
DISTRICT COMMITTEES
NASSAU CHAIRMAN
ROCKLAND CHAIRMAN
SUFFOLK CHAIRMAN
WESTCHESTER CHAIRMAN
1. Correction
2. Communications Impairments
3. Heart, Cancer, Stroke and Other Medical Impairments
4. Manpower, Labor, Industry
5. Mental Handicaps and Addictions
6. Neurological
7. Orthopedic
8. Retardation
9. Social, Economic, and Educational Rehabilitation
10. Research
SAME
SAME
SAME

Each district chairman was permitted to organize his own district committee in the manner in which he thought would best contribute to the development of recommendations in his district. It was felt that such an organization pattern would result in broader views being developed which would then be considered in developing regional recommendations. The Regional Planning Director was staff to the Committee. Communities all over the Region became more aware of the services which are currently available as a result of the committee's efforts to determine the needs of their districts. Forty people served as consultants to the committees, sharing their knowledge and expertise. On several occasions, committee members brought guests to the district meetings. Some of the guests were involved in other community or State planning efforts and their participation led to fruitful discussions.

Region IV

Region IV was divided into four districts. Initially three district committees were established, but it was found necessary to establish a fourth. All District committee members were given the general handbook but were given a free hand in regard to organization and operation of their committees.

District 6, Niagara, Orleans, Erie, Genesee and Wyoming organized the following committees: population and professional manpower, voluntary and public agencies, legislative and financial resources, research and public information.

District 7, Chautauqua, Cattaraugus and Allegany, organized the following committees: manpower, facilities, delivery of services and legislation.

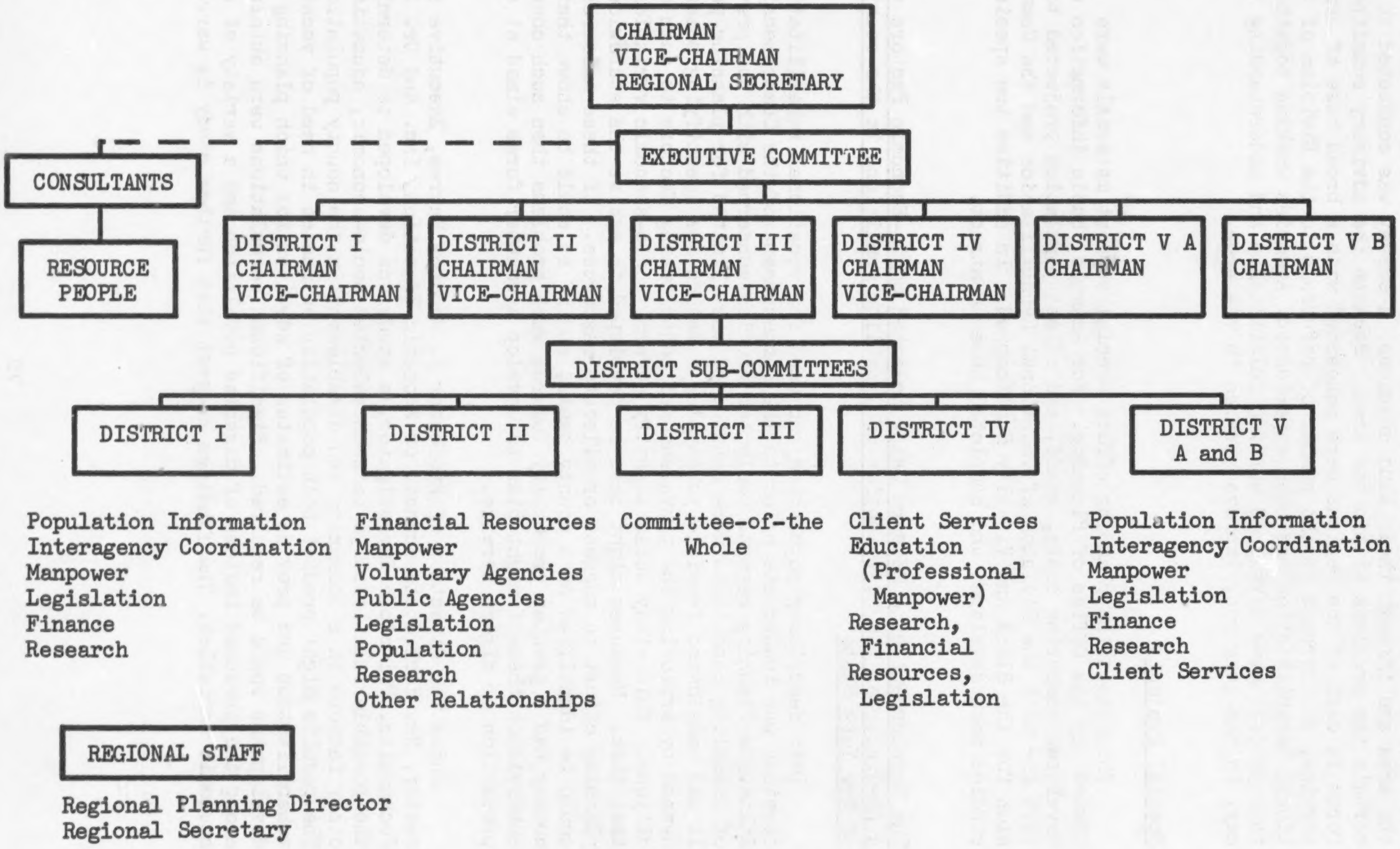
District 7A, Steuben, Schuyler, Tompkins and Chemung, organized as a committee of the whole to study the needs in terms of population, delivery systems, and special concerns.

District 8, Monroe, Wayne, Livingston, Ontario, Yates and Seneca, organized in terms of groups dealing with attitudes concerning rehabilitation procedures, rehabilitation support for services, distribution of services and geographic emphasis.

All committees modified their structures as they proceeded by adding numerous consultants and developing ideas for presentation through a series of reports that were presented at local meetings. Minutes of these meetings formed the basis for the discussion and numerous executive committee meetings were held to firm up positions. The Chairman and Vice-Chairman of each of the District committees as well as Chairman and Vice-Chairman of the Region along with the Regional Director, formed this body. Frequent meetings of the Executive Committee of the region were held in order to discuss findings and recommendations. The Regional Executive committee provided the basis for ironing out variations of opinion and formulating a regional report for submittal to the State Office for Planning for Vocational Rehabilitation Services.

CHART IV

REGION III ORGANIZATIONAL STRUCTURE


CHAIRMAN
VICE-CHAIRMAN
REGIONAL SECRETARY
EXECUTIVE COMMITTEE
CONSULTANTS
RESOURCE PEOPLE
DISTRICT I CHAIRMAN VICE-CHAIRMAN
DISTRICT II CHAIRMAN VICE-CHAIRMAN
DISTRICT III CHAIRMAN VICE-CHAIRMAN
DISTRICT IV CHAIRMAN VICE-CHAIRMAN
DISTRICT V A CHAIRMAN
DISTRICT V B CHAIRMAN
DISTRICT SUB-COMMITTEES
DISTRICT I
DISTRICT II
DISTRICT III
DISTRICT IV
DISTRICT V A and B
Population Information
Interagency Coordination
Manpower
Legislation
Finance
Research
Financial Resources
Manpower
Voluntary Agencies
Public Agencies
Legislation
Population
Research
Other Relationships
Committee-of-the Whole
Client Services
Education (Professional Manpower)
Research, Financial Resources, Legislation
Population Information
Interagency Coordination
Manpower
Legislation
Finance
Research
Client Services
REGIONAL STAFF
Regional Planning Director
Regional Secretary

The District Committees used different techniques to arrive at their recommendations. One district enlisted the help of various churches in the area and through their kind auspices, a survey was conducted to ascertain the problems within the area. Because the advisory committee efforts in each of the Regions were concerned with a broad base of community service, an increase in the number of referrals to the Division of Vocational Rehabilitation has been experienced. Agencies working together on this project have developed working relationship and understanding that may, in the long run, improve service in the area.

Special Projects

Throughout the planning effort special support materials were issued by the Office of Planning. For example, basic information was developed comparing costs, staff, and client population projected to 1975 for both the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped. In addition two special studies were developed and completed under contract.

The Development of a Measure Using Selected Socio-Economic Factors as a predictor of the distribution of disabling conditions in the counties of New York State

Data describing population and need for vocational rehabilitation services was inadequate prior to the commencement of the Comprehensive Statewide Planning report. Selected studies concerned with the prevalence of disabling conditions were considered most limited for planning purposes. It was considered feasible to develop a method for identifying potential demand by exploring the prevalence of contributing factors to such conditions. This study would identify several socio-economic variables and test them. Measures might then be developed to assist the statewide planning effort to suggest or allocate resources. If these measures could be identified on a county basis, and if it could be shown that one county had a greater propensity towards such problems then such county or subdivision thereof might plan to develop a counter force aimed at either prevention or direct service.

Under the direction of Professor J. Woodrow Sayres, Executive Director, New York State Council on Economic Education, Inc. and Dr. Rose Jochnowitz, Principle Investigator, a study was developed to determine the possible relationships between selected socio-economic, education and other factors in a community and disablement in the county population. The results might predict both population estimates in need of vocational rehabilitation and provide estimates of services for which planning and development would be required. Significant correlations were obtained among the presumed indices of disabled population and a variety of socio-economic variables. The findings suggest that further study is warranted.

Because no method for distributing an estimate of disabled population existed, it was assumed that this population was distributed proportionately in the counties. This study ranked the counties on a measure of relative stress derived from the presence of a variety of socio-economic factors on populations presumed to be disabled. A testing of the two distributions by means of Spearman's (rho) technique revealed that the two distributions were significantly different, suggesting that one cannot distribute a measure of statewide disablement proportionately among counties. Other factors appear to influence this distribution which suggests the efficacy for future study.

An Analysis of the Division of Vocational Rehabilitation

The second special study assigned to independent investigators was a review of the organizational structure and operations of the Division of Vocational Rehabilitation using a systems analysis. Professors Harold Adams and Walter Balk of the Graduate School of Public Affairs, State University of New York at Albany, analyzed DVR's service patterns and management relationships. It was suggested that since the Commission of the Blind and Visually Handicapped had problems similar to the Division of Vocational Rehabilitation that to that degree the System Study might be particularly applicable to them as well. Essentially the analysis was divided into two parts, the first part concerned with operations through which clients are processed for the purpose of achieving rehabilitation; the second part described current management problems and offered alternative approaches for the administration to consider.

The study pointed out that if trends continued the current Division of Vocational Rehabilitation system would be capable of accepting 1000 additional clients annually and that this rate of growth would not be sufficient to meet the goal of the Comprehensive Statewide Plan. The intake of new clients predictively would be only slightly higher than the total numbers of cases closed. This implied that the current system could not absorb the number of clients that could be anticipated without a major change in the capacity of the agency to accept new cases. The Study indicated that ways needed to be identified to maximize the effectiveness of rehabilitation services and that these alternatives, once identified, needed to be tested.

Greater emphasis needs to be devoted to assisting the community to develop an increased capability to absorb disabled workers in jobs. It is clear that to provide vocational rehabilitation services with no job outlet as an end product not only caused client regression, but skewed the picture of agency efficiency which was measured in terms of successful rehabilitations in the study.

Data revealed that in the current Agency system for case acceptance, rehabilitation would result for three out of four accepted clients. The decision to accept very often includes the counselor's awareness of the capability of the community to absorb such persons in employment. Planning, therefore, for the provision of services without a parallel plan for the absorption of the served client by the community in employment in equally large numbers would limit the effectiveness of the planning effort. However, the study did point out many internal steps that the agency could take to improve the system.

In addition to examining the agency as a structure, the organization was also studied from the point of view of a social system. Major recommendations discussed included:

1. Development of a "management by objectives" program
2. Reduction of time lag for processing clients through the system. (The Study appended a detailed flow chart showing the flow of clients through the system and indicating critical decision points for further study and management control
3. The Development of public information capability in the agency
4. The reorganization of the counselor's role to exclude certain subprofessional and clerical functions which could be assigned to other workers, leaving the counselor more time for professional service
5. Evaluation of need for a more meaningful relationship between all levels of staff with greater staff participation in the development of agency objectives and policy recommendations
6. The development of an information retrieval system and the use of that system for research and planning. It was emphasized that the detailed information that was available should be especially geared for internal research by management.
7. The development of a capability for ongoing planning and research.

The consultants felt that on a cost basis, the State Vocational Rehabilitation Agencies were providing a program representing a "good buy" because it provided an end product of independence. Both the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped felt that the suggestions were beneficial and that the agencies would attempt to implement feasible recommendations as early as possible.

Governmental Coordination

The major state departments and agencies, that have a rehabilitation responsibility, were part of this planning effort. The chief agency officer of a key designee served in most instances. The New York State Department of Health, Correction, Mental Hygiene, Social Services, Labor, Civil Service, Education, the offices of Economic Opportunity, Local Government, Planning Coordination, Aging, the Governor's office, the Division of the Budget, Parole, Youth, and the Workmen's Compensation Board were involved actively. In addition, representatives from the Narcotics Control Commission and the State University of New York were also represented. On the local scene, representatives from the staff of local governments were involved. Cooperation among agencies was exceptional, with information and personnel shared as required. The involvement of these agencies in the direct development of the Plan came about principally through their participation on State and Regional Committees.

Office of Planning for Vocational Rehabilitation Services (OPVRS)

Vested in the OPVRS was responsibility for the day to day operations of the planning project. With functions varying from administration of the different structural components, data collection, analysis, research and report drafting, to developing community interest and response to vocational rehabilitation, the OPVRS was the nerve center for rehabilitation planning. A professional staff of 10 was deployed to serve each of the organizational elements. Basically, the central office staff in Albany served the Vocational Rehabilitation Planning Council and the State Advisory Committee. The four Regional Planning Directors, located in the field, worked with their respective Regional Advisory Committees. The entire project staff, with the exception of clerical and secretarial personnel was engaged on a temporary basis through July 2, 1969.

It was recognized early that a permanent planning capability with the Division of Vocational Rehabilitation was desirable and support for this is found in each of the Regional Reports as well as in the RSA regulations. The Division of Vocational Rehabilitation accepted this recommendation and is already seeking the establishment of such an organization in its structure.

In general the role of Office of Planning for Vocational Rehabilitation Service was as follows:

1. Administration of planning activities
2. Coordination of planning activities
3. Organization of the structure of the Advisory Committee
4. Participation in the deliberations of the various advisory committees
5. Development of liaison with public and private agencies
6. Development of research material and appropriate guidelines
7. Collection and evaluation of data
8. Drafting of interim and final reports including analysis and interpretation of materials
9. Distribution of reports and pertinent documents
10. Consultation with related groups interested in rehabilitation planning.

Other Interrelationships

Of considerable importance to the planning project was the work of the Division of Vocational Rehabilitation's Rehabilitation Facilities Planning Bureau. The Bureau's Director served as a consultant to the State Advisory Committee, just as the Director of the Office of Statewide Planning for Vocational Rehabilitation Services was the consultant to the State Advisory Committee of the Facilities Planning Bureau. The specific objectives of the Bureau were to:

1. Inventory existing workshops and rehabilitation facilities within the State and describe the services provided therein
2. Identify and evaluate utilization patterns of existing workshops and their utilization potential
3. Determine the needs for additional and expanded workshops and rehabilitation facilities throughout the State including:
    a. Relative needs on a geographical and disability basis
    b. A priority list of programmed projects over a short range period
    c. Long range goals through 1975.
4. Provide continuing coordination of this planning with other related planning activities within the State which involves workshops and rehabilitation facilities and the planning of the State Hill-Burton Agency (Department of Health) and the State Agency responsible for the administration and implementation of the Mental Retardation Facilities and Community Mental Health Center Construction Act (Department of Mental Hygiene)
5. Provide a basic plan for workshops and rehabilitation facilities which will supplement and be part of comprehensive statewide planning for vocational rehabilitation services geared to meeting all of the vocational rehabilitation needs of the disabled in this State.

During the course of the planning project, the Office of Planning for Vocational Rehabilitation Services and the Bureau worked closely together in the development of the Bureau's State Plan for Workshops and Rehabilitation Facilities. OPVRS supplied reports and other data developed by the Regional Advisory Committees and provided research assistance as required by the Planning Bureau.

METHODS

Planning to achieve goals is a complex task that requires the consideration and analysis of a variety of variables related to the setting of goals and developing the specific techniques and methodologies to achieve them. The variables are critical too, for embedded in the information used by the planner is the need to perceive trends or attitudinal directions. When all the pieces are put together, a plan emerges that can be used by decision makers to develop policies and programs. The matter, of course, is not simple. As Raymond A. Bauer of the Harvard Graduate School of Business Administration suggests, technical planning is easier than social planning. The former is more scientifically or objectively demonstrable than the latter. Planning a highway or manufacturing capacity is not of the same magnitude as planning for changes in a social system or rehabilitation services which is infinitely more complex because of the interrelatedness with medical, educational and welfare programs among others. Enormous difficulties also arise from a limited planning focus. "Single purpose planning calculates only the immediately intended effect of proposed projects; it fails to account for the total environmental impact."[19] This is related to the thesis advanced by Bauer that insufficient attention is given to second-order consequences which often produce major dislocations after the adoption of the technical solutions.

Urban renewal programs require assistance to those who are to be displaced. The Civil Rights movement has produced significant effect in the fields of housing, education, job training, improved health care, public assistance, and social services. It is suggested that consideration of second-order consequences has been the concern of those planning for vocational rehabilitation services. The patterning of rehabilitation services made such a concern necessary. The adoption of the concept of "the total man" that requires involvement with an individual's family and in some respects, his milieu, inevitably leads to a consideration of the interrelatedness of other major service systems. Closer working relationships between these systems and the rehabilitation community is mandatory.

The involvement of a large number of citizens, given the nature of the work to be accomplished, can be considered as community planning, but it should be specially characterized. Realistically, the method of operation, the subject matter under review, the information available, the lack of testing out of hypotheses, and the framing of the actual "planning" design with its independent regional approaches preclude the formal designation as "a technical planning project." Rather, what has resulted is an overall appraisal of the vocational rehabilitation services system in New York State with suggested policy direction for the ordering of such services. In addition to the general recommendations, there was an array of specific needs identified. The Regional Reports are reflections of local needs and attitudes, but they are not limited by exclusive preoccupation with narrow points of view. There is focus on the disabled for those who might be in-included as eligible for services, and for closer working relationships between all service providers in the community.

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[19] Howard Gilliam, The Fallacy of Single-Purpose Planning, Daedalus, Journal of the American Academy of Arts and Sciences, Vol. 96, No. 4, fall 1967, p. 1143

Recognizing the impact of discontinuity of service, a rehabilitation service continuum was emphasized. To reduce unnecessary discontinuity in services, recommendations calling for new working relationships including structural changes were adopted. Rather than a plea solely for more funds, and personnel and buildings, there was recognition that sufficient funding had two aspects to it. Certainly more money is required to expand rehabilitation services, but equally important is the need to reorganize administratively and use what resources there are more effectively and efficiently. These conclusions did not necessarily come from carefully documented surveys, research findings or controlled planning methods. They were founded on diverse community interests and expressions of necessity with a basic agreement in the concept of rehabilitation. What is most remarkable is the unanimity throughout the state of identified problems and the solutions offered. (See Volume II, Regional Reports)

But, the conclusions as expressed in the recommendations present problems in implementation. Much technical detailing and scheduling remains to be done. To supply effective rehabilitation services, the professional has to be convinced that his job, at times, can be done differently, administrators have to be persuaded that there is nothing sacred about the status quo, and legislators and the community have to provide support and leadership. As a document based on "grass roots" findings, it stands as a guide to decision makers and as an index or survey of needs defined locally and statewide. It presents, too, alternate solutions, developed by and acceptable to communities rather than those superimposed by some remote agency.

In describing the methods of operation, it will be shown how the various planning components approached their tasks. From this, too, may be seen that the approaches used provided a valuable preliminary step in identifying problems based on community experience and in developing solutions acceptable to those communities. This report sets goals to be accomplished and presents alternative ways of accomplishing them between 1969-1975, thereby beginning the process of ordering the growth and effectiveness of rehabilitation services in New York State.

Procedures and Operations

In the preceding Chapter, the organizational structure and functions of the entire planning project were described. Here there will be a review of how the various components operated and some of the major procedures used. What is to follow is based not only on the Regional Reports, but District Reports, and in some Regions, Task Force documents, position papers on various subjects, and minutes of meetings.

The Project was faced with many limiting factors such as:

1. Lack of adequate statistical data on rehabilitation agency operations

2. Problems of obtaining reliable information about community resources

3. Identification of all agencies actually providing rehabilitation services

4. Estimating the incidence and prevalence of disability

5. Confusion as to diagnostic and disability terminology

6. Difficulty in developing an index of need for those requiring vocational rehabilitation services.

There was difficulty in determining the scope of the planning effort and what was meant by "rehabilitation" as distinguished from "vocational rehabilitation." Insufficient staff and lead time imposed a high degree of selectivity in coverage. Thus, only limited literature, research and programs in rehabilitation and related disciplines were reviewed. Nevertheless, formal and informal procedures were developed that had statewide applicability. In addition, each region formulated its own operational patterns. Differences in regional structures inevitably produced different approaches to problem solving and in the format of the reports submitted.

General Procedures

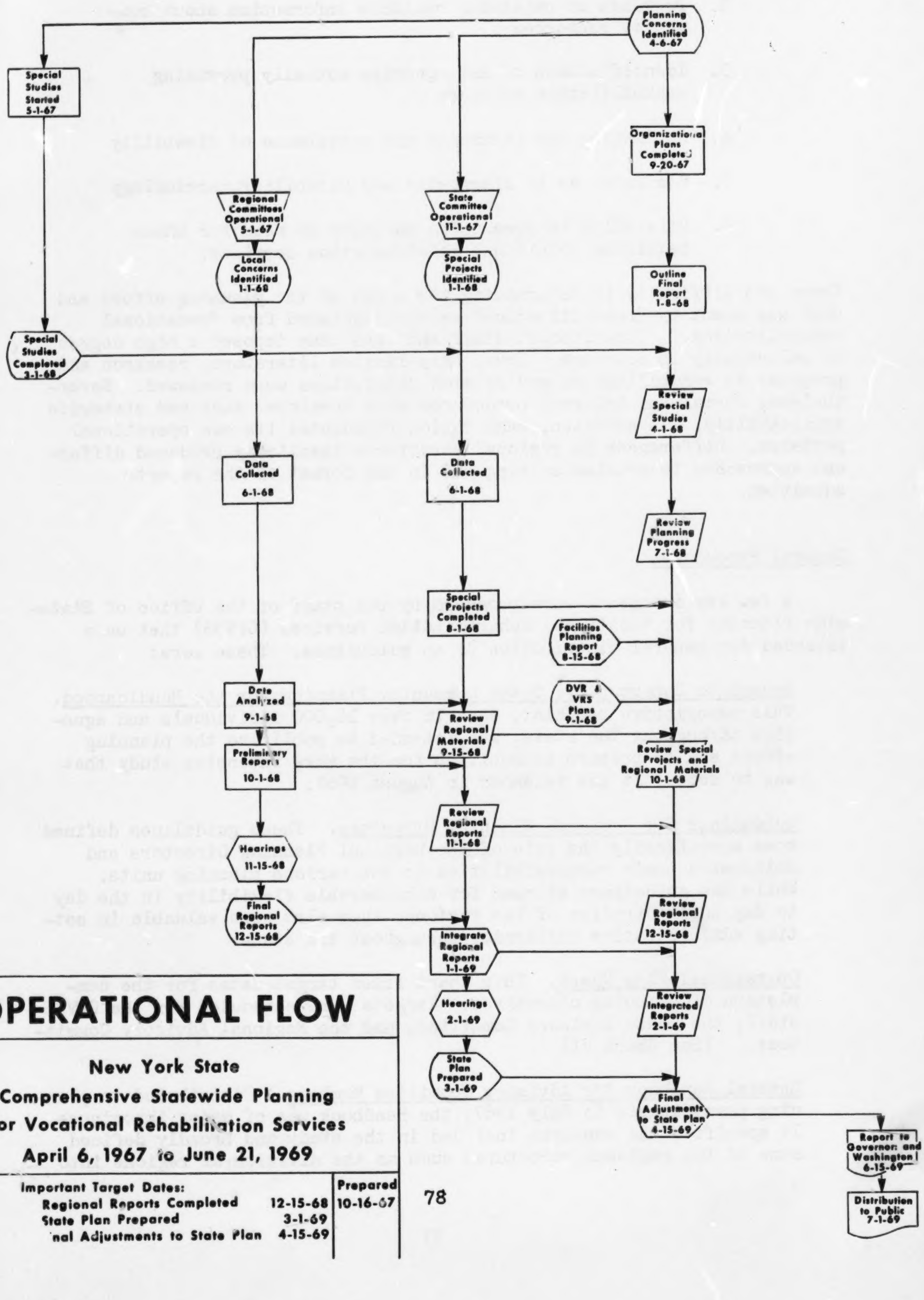
A few key documents were produced by the staff of the Office of Statewide Planning for Vocational Rehabilitation Services (OPVRS) that were intended for general distribution or as guidelines. These were:

Access to Opportunity: Total Community Planning for the Handicapped. This descriptive pamphlet, sent to over 10,000 individuals and agencies throughout the state, was intended to publicize the planning effort and to prepare communities for the more intensive study that was to come. It was released in August 1967.

Guidelines for Regional Planning Directors. These guidelines defined more specifically the role of the Regional Planning Directors and delineated their responsibilities to the various planning units. While the guidelines allowed for considerable flexibility in the day to day administration of the regions, they also were valuable in setting administrative uniformity throughout the state.

Operational Flow Chart. This chart fixed target dates for the completion of planning objectives. Targets were scheduled for the OPVRS staff, the State Advisory Committee, and the Regional Advisory Committees. (See Chart VI)

General Handbook for Advisory Committee Members. Distributed to planning participants in July 1967, the Handbook was of major importance. It specified the concerns included in the study and broadly defined some of the regional structures such as the division of regions into


Planning Concerns Identified 4-6-67
Special Studies Started 5-1-67
Organizational Plans Completed 9-20-67
Regional Committees Operational 5-1-67
State Committee Operational 11-1-67
Local Concerns Identified 1-1-68
Special Projects Identified 1-1-68
Outline Final Report 1-8-68
Special Studies Completed 3-1-68
Review Special Studies 4-1-68
Data Collected 6-1-68
Data Collected 6-1-68
Review Planning Progress 7-1-68
Special Projects Completed 8-1-68
Facilities Planning Report 8-15-68
DVR & VRS Plans 9-1-68
Data Analyzed 9-1-68
Review Regional Materials 9-15-68
Preliminary Reports 10-1-68
Review Special Projects and Regional Materials 10-1-68
Review Regional Reports 11-1-68
Hearings 11-15-68
Final Regional Reports 12-15-68
Review Regional Reports 12-15-68
Integrate Regional Reports 1-1-69
Hearings 2-1-69
Review Integrated Reports 2-1-69
State Plan Prepared 3-1-69
Final Adjustments to State Plan 4-15-69
Report to Governor and Washington 6-15-69
Distribution to Public 7-1-69

OPERATIONAL FLOW

New York State

**Comprehensive Statewide Planning
for Vocational Rehabilitation Services**

April 6, 1967 to June 21, 1969

Important Target Dates:		**Prepared**
Regional Reports Completed	**12-15-68**	**10-16-67**
State Plan Prepared	**3-1-69**	
nal Adjustments to State Plan	**4-15-69**	

more convenient geographic districts. To orient planners and give a uniform approach, the Handbook included some of the major definitions of terms, a description of the state rehabilitation agencies, and a brief history of rehabilitation. Preliminary estimates of incidence and prevalence of disability were given for each county. Projections of disability estimates were given for 1965, 1970, and 1975 by specific chronic conditions which limit major activity.

Regional Hearings

Although the original design suggested planning for regional hearings, and some limited preparation for them was undertaken, they were not scheduled. There were several reasons for this. As the committees became involved in their work, it was found that conducting hearings would be burdensome because a considerable amount of preparation would be necessary. In one region, it was noted that before holding hearings a summary report would have to be written that described the regional recommendations. This would in effect serve as a basis for community discussion. In another region, it was felt that hearings would serve to publicize vocational rehabilitation problems and needs, but again, elaborate preparation was required and there was no staff to undertake hearings that would have to be held in the districts of the four Regions. In Regions I, II, and IV, some of the Advisory Committee members will continue meeting after the project officially terminates to further study local needs.

Regional Procedures

> "Cold statements of fact often serve to blunt any implication of human interaction or differences in professional and managerial points of view. In striving to reach the Quakerian 'sense of the meeting,' the...reports do not suggest the dynamic exchange of opinion between the participants, nor do they include the learning effect when cross-fertilization of different professional viewpoints occur. Yet, the exchange of insights and the occasional 'argument,' ...all happened."[20]

As an introduction to a description of the interaction that took place, the preceding statement serves well. This is reinforced by the following acknowledgement, "Needless to say, unanimity of opinion was not always reached on how these (issues) should be resolved."[21] On the other hand, in Region II there seems to have been no major differences in viewpoints. While this suggests a close working relationship, the report in some sections is quite forthright in its criticisms of service gaps and the patterns of service delivery. In its recommendations pertaining to rehabilitation manpower, the Region II report indicates that there is a need for sensitivity training to correct the following:

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[20] Region I Report

[21] Region IV Report

a. Professional rigidity and attitudes of staff

b. Lack of understanding of the problems of the poor

c. Inability of staff to communicate with the poor.

These criticisms would never have been brought out constructively if there had been excessive preoccupation with structures or procedures. For instance, in Region I some procedures were disregarded when there were problems in agreement on the scope of the work to be done. The Handbook and other supplemental material was fairly comprehensive, but when the Federal Statewide Planning Memorandum required even more attention to detail and a broader frame of reference, the Task Group members began to question the approach. The Regional Chairman acted promptly by developing five-point questionnaire. This provided the format for the reports each Task Group was to submit. Broad or narrow focus was optional. The members themselves would determine what would be included. As a result, preliminary reports with the emphasis on rehabilitation were collectively of such significance and substance that they formed the framework of the New York City Regional Report.

In Regional III and IV the procedure adopted for developing their final reports were quite similar. Although the District Committees had different titles and used different techniques in arriving at their conclusions, the Districts covered a wide range of subject matter which were then integrated into a final report. In all Regions, the Executive Committees were responsible for approving a final report, but preliminary drafts were circulated to all committee members for comments.

Statewide Procedures

The State Advisory Committee focused on rehabilitation issues that affected the entire state. Its major function was to conceptually develop the scope, resources, and techniques for practice and service delivery that would ultimately meet the goals of providing adequate services in every part of the state. Procedurally, this was accomplished in two ways. First, the Committee was to identify problems and offer suggestions in dealing with organizational structures and practices, the distribution of rehabilitation resources and facilities, and finally, recommend the scope and priorities that should be included in Comprehensive Planning for Vocational Rehabilitation Services. Second, the Committee was to respond to the findings and recommendations presented by the four Regional Advisory Committees. The Regional Reports would provide the data on which program planning would be based.

In effect this meant that the State Advisory Committee would initially develop its own formulations and then react to the Regional material. Each of the State Committees completed their assigned tasks. With the submission of the Regional Reports and the three State Advisory Committee Sub-Committee Reports, the weaving together or integration of materials was then undertaken. The procedure followed entailed an analysis by the Office for Planning of each of the Regional Reports and the State Advisory Committee Sub-Committees Reports which were presented to the Executive Committee of the State Advisory Committee. Their report was transmitted to the Planning Council.

Planning Council Procedures

The State Vocational Rehabilitation Planning Council developed the final recommendations and established priorities. Within this framework, the planning staff was directed to prepare a draft report. The draft was revised in accordance with the wishes of the State Vocational Rehabilitation Planning Council and was transmitted to the Board of Regents for their review.

Toward a Rehabilitation Philosophy

In addressing the 1967 annual meeting of the National Rehabilitation Association, Secretary James Gardner of the Department of Health, Education and Welfare said:

> "I believe we can extend the principles and techniques of rehabilitation to many more people in trouble. We can salvage many more lives. We can help restore a sense of belonging to those outside the mainstream of society, the people in urban ghettos and rural slums, the needy and the disadvantaged. I have no illusions about the difficulty of this task. It amounts to asking the rehabilitation workers of this country to extend the concept of rehabilitation, so that it embraces millions of people instead of thousands; and within this larger framework, to maintain the kind of existence which has marked the emergence of modern rehabilitation programs for the handicapped."

If former Secretary Gardner's statement is still to be considered as the goal that the federal-state rehabilitation program must attain, then the purpose of this planning project is vastly extended. To merely work toward expanding services "to all who need them" is an oversimplification of that goal. The stress to serve more people effectively puts formidable logistic and financial burdens on those charged with implementing these goals.

The philosophical aspects of rehabilitation receive different emphasis from each helping discipline in medical, social, or vocational settings. Unless the approach to rehabilitation focuses on total client needs, rehabilitation concepts cannot be effective. The value of an effective rehabilitation process as a human investment program is more and more widely accepted. What is not in universal agreement is the manner in which the medical, social, and vocational aspects of it can be administered. The stakes in the present patterning of services with its emphasis on separateness are high. Drawing these elements more closely together will be a formidable task.

There is a persistent but quiet urgency to make some meaningful change in the way services are delivered. There is ample recognition of the difficulties in getting recommendations translated into programs. One conceptual problem that the planners considered was a reaction to the limitations imposed by the strictly "vocational" aspect of rehabilitation. As most of the Regions reviewed and analyzed their materials, the focus was placed on REHABILITATION. From western New York (Region IV) this development was traced. As the planning process moved ahead, some people came to think that vocational rehabilitation was part of the continuum of total rehabilitation and early action on disablement would benefit the rehabilitation client in his vocational rehabilitation outcome.

Some of the planners in that Region held that rehabilitation methods and concepts should be used to alter the social environment, because the problems facing many clients arose not so much from personal pathology as in reaction to stresses unmanageable by them within the fabric of current American society. The same planners viewed eligibility broadly by including services to younger and older age ranges, and that gainful employment should be interpreted as including satisfying pattern of social relationships within the family and community as well as elementary problems of self-care. The need to relate to that which was feasible and controllable led to the conclusion that this plan had to focus first on the delivery of services for vocational rehabilitation with due recognition...for the strengthening of medical, social, and other human services.

As rehabilitation expands, the pitfalls and problems experienced by other major service deliverers will become apparent. Gardner suggested the extension of rehabilitation techniques to "millions." In principle, this is accepted by the state's planners, but there were reservations because vocational rehabilitation services as presently structured cannot become the vehicle to accomplish such a mission. The involvement of persons who have primary disabilities of a social nature in a program that has limited resources calls for the closest cooperation between programs.

The practitioners in the vocational rehabilitation field are deeply concerned about how services to the socially disadvantaged could be developed. There was recognition that much remains to be done in perfecting traditional services to the physically and mentally disabled.

For this latter group, urgent needs for service improvement are recognized, and accomplishing them will call for sizeable increases in staff, facilities, and funds.

The vocational rehabilitation discipline places heavy emphasis on one-to-one counseling, and in the face of professional manpower shortages and the need for adequate funding, serving the disadvantaged in large numbers would require new approaches in service, interagency cooperation and cooperative funding.

It must be pointed out, however, that experience of the principal agencies working with the disadvantaged reveals that a high percentage of these individuals would meet current eligibility standards. In fact, the State Vocational Rehabilitation Agency is already serving a large number of disadvantaged as disabled persons.

During the two years of planning, an extensive set of program changes and directional guides have been offered. The planners have anticipated the Vocational Rehabilitation Act Amendments of 1968 (PL 90-291). Section 15 of that Act relates to the Vocational Evaluation and Work Adjustment Program for "individuals disadvantaged by reason of their youth or age, low educational attainment, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment."[22] A congressional mandate, but without the appropriations to fulfill it, has given the direction for providing services to the disadvantaged and their families. Predictably, implementation will be determined by the financial commitment still to be made by Congress.

Another critically important provision of the 1968 Amendments resolves an issue that aims at the professional practice of rehabilitation. The provisions of Section 4, Grants and Special Projects, describes project grants for new careers for the handicapped. The proposed guidelines for the operation of vocational rehabilitation programs and activities requires "the establishment of new jobs or new kinds of jobs either within existing programs or as part of a new service in a state vocational rehabilitation agency or in other public or private non-profit service agency; and the redefinition and restructure of existing jobs to enable new career opportunities in community and institutional public service programs."[23]

These provisions in effect encourage states and both public and private agencies "to develop new programs to recruit and train handicapped individuals...with new career opportunities in the fields of rehabilitation, health, welfare, public safety, and law enforcement and other appropriate public service employment."[24] Clearly, this is a most significant step in which Congress has adopted a public policy that makes government agencies actual employers of the handicapped. The proposed regulations also specify that the handicapped to be employed may be placed in positions having a range of skills that vary from aide categories to those at a professional level. This process is critical since the regulations require a redefinition and restructuring of professional roles in order to make efficient use of individuals employed by public and private agencies.

It must be said that despite an extensive philosophy of rehabilitation, many elements for its practice are still evolving. The changing legal requirements for service will undoubtedly place strains on the rehabilitation community which must assess its goals and the necessary approaches to serve many more individuals.

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[22] PL 93-91. Section 15 (F) (ii)

[23] Federal Register, Vol. 34, No. 20, Part 2. Washington, D.C. 1/30/69. 403.40, p. 1496

[24] ibid, p. 1496.

CHAPTER III

THE RECOMMENDATIONS

Introduction

Vocational rehabilitation as a service process is primarily concerned with the affects of disability upon the individual's capacity to perform in his major work activity. It further recognizes the important impact of the various aspects of personality upon work in that work is performed in a media of human interrelationship. It is the total interacting person and the work skills he has acquired that constitutes the worker. Because vocational rehabilitation treats the whole man, the actual service process mandates the application of the skills of all the helping professions and emphasizes the team approach of all disciplines and the coordination of all service agencies each contributing the special expertise at the appropriate time to move the client to a successful adjustment to work in his former occupation or in a new job within the limitation imposed by the residual disability. Thus, the recommendations and support materials that follow reflect the broad community concerns in the field of rehabilitation in general and vocational rehabilitation in particular.

The chapter is divided into two major sections. The first attempts to summarize, in recommendation form and appropriate rationale, the problems common to all disabled individuals in need of rehabilitation services and the major factors involved in the administration, planning and delivery of vocational rehabilitation. This includes estimates of need, expanding rehabilitation services and facility construction, job development and transportation for clients, manpower development and utilization for the State Vocational Rehabilitation Agency and the service components in the community. Interspersed under their appropriate headings are legislative recommendations that will expedite service to the disabled and increase the efficiency of administrative operations and service delivery.

The second section concerns itself with specific disabilities and their felt needs. Even though the reader may see many commonalities between and among the disability recommendations they are described for emphasis and specific application. The major thrust of the recommendations has been toward developing or expanding comprehensive services through well-developed programs, coordinated community services and efficient administration and operation. Much attention was paid to maximizing the use of existing and proposed resources through creative and innovative approaches. Consideration of the recommendations as a whole reveals a number or potential approaches to most problems, which, when taken together and in combination with other recommendations, become a highly synergistic plan of action.

ESTIMATES OF NEED

For the purpose of planning it was necessary to arrive at a population estimate of persons of all ages who were limited in their major activities. This was done to determine the potential vocational rehabilitation demand, within the limits of eligibility, and the extension of services deemed necessary to other groups in line with the recommendations of the various Advisory Committees. A major study conducted by the National Center for Health Statistics described the population of all ages who were limited in their major activities due to a chronic condition.[25] The data was tabulated by selected disabilities. The percent distribution of these disabilities was applied to New York State population projection, on the assumption that New York State did not differ significantly from the country as a whole. This revealed that 8 percent or 1.56 million people of all ages projected to 1975 might be so limited. Subsequently the Social Security Administration published a study, using similar projections with an improved sampling technique, which revealed that the estimates of National Health Survey were conservative. Their study applied to New York State, revealed that approximately 18 percent (3.54 million) of the population projected to 1975 might have a chronic condition which would limit their ability to perform their major activity. Both estimates were used to describe a range of possible need, the National Health data was considered the low estimate and the Social Security Administration the high. Table 10 describes these measures. Both studies did not include the nondisabled disadvantaged and/or institutionalized population. Measures for these populations were developed from an unpublished report of the New York State Labor Department and from the United States 1960 Census data. Projection for both populations revealed that by 1975 there would be 1.35 million disadvantaged and 154,000 institutionalized persons in the state. Experience indicates that the range of disability among the disadvantaged is high. For the purpose of this study it was assumed that 50 percent were disabled. This population was presumed to have been included in the major measures of those limited by major chronic condition (National Health Survey and Social Security Administration). The remaining 50 percent, or 776,000 was added to the low and high estimates. Similarly the 154,000 institutionalized persons were added to these measures. Table 11 describes these measures and indicates that total need, for all services for all ages to 1975, might range from 2.5 million to 4.5 million individuals in the state.

These statistics reflect the rehabilitation needs of the entire disabled population and emphasize the concerns expressed by the State and Regional Advisory Committees about the value of preventive programs and the need to develop a continuum of service. The above measures form the base from which the estimate of those who might be eligible for the current vocational rehabilitation program, was developed.

It was recognized that priorities had to be established in terms of the laws and regulations governing the current vocational rehabilitation program and its future directions. The following priorities were established:

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[25] Note: The principal sources used in this development are described in the tables which follow the discussion.

1. Where the goal of service for disabled leads to gainful employment. (Included in this group are those socially and/or culturally disadvantaged who although nondisabled are vocationally handicapped and in need of counseling, diagnostic evaluation, vocational planning, and adjustment services as a prelude to vocational training.

2. Consultation and commencement of services to disabled children and adolescents aimed at eliminating, reducing, or containing the disablement as a future vocational handicapping condition.

In line with these priorities there was a need to identify the population that would meet current eligibility standards. To do this required an estimate of potential demand by age.

Only the National Health Survey data contained an age distribution for those limited due to a chronic condition. It was assumed that the age distribution could be applied to both high and low estimates. Table 12 indicates that 46.8 percent were over 65, and 2.9 percent were under 16 years of age. Thus approximately 50 percent of these populations were temporarily considered outside the age limit set as a first priority. This reduced the estimate of potential demand for vocational rehabilitation services to a range of 1.25 million and 2.25 million, recognizing that not all in the group were eligible or all those excluded not eligible. The magnitude of these populations now were further evaluated in terms of the State's Vocational Rehabilitation Agency's current and projected capa ility to provide vocational rehabilitation services by 1975. An analysis of program data of the two state agencies was developed, which included measures for total number of clients served and rehabilitated from 1963 - 1968 and projected to 1975 to develop trend lines.[26] This revealed that between 1966 and 1975, 268,000 new referrals would be processed and 100,000 clients rehabilitated. This data was used as a basic unit of capability to develop increments of service expansion as decribed in Table 13. Additional data indicated that 50 percent of the State Agencies'applicants did not reach active status for reasons of eligibility, declination of service and other reasons. It was assumed that estimated potential demand of 1.25 to 2.25 million persons previously described would follow a similar pattern. Thus a more realistic potential demand was estimated to be between 624,000 to 1,119,000 over the planning time span. Of this number the State Vocational Rehabilitation Agencies already served 112,000 during 1966-1968, further reducing the demand to a range of 512,000 to 1,007,000 persons. This projected capability of the State Vocational Rehabilitation Agencies between 1969 and 1975 was estimated to be 156,000 clients served and 57,720 clients rehabilitated. Although the need for increasing the service capacity far exceeded this capability it was estimated that an increase to accomplish an additional 42,280 rehabilitations would be feasible and realistic.

Recommendation

1. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD BE GIVEN SUFFICIENT RESOURCES TO IMPLEMENT THE RECOMMENDATION OF THIS PLAN SO THAT THE STATE VOCATIONAL REHABILITATION AGENCY WILL BE ABLE TO REHABILITATE UP TO 100,000 HANDICAPPED INDIVIDUALS BETWEEN 1969 AND 1975.

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[26] Note: Least Square Technique was used.

TABLE 10

ESTIMATED DISTRIBUTION OF CHRONIC CONDITIONS IN NEW YORK STATE 1975[1]

Selected Chronic Conditions[2]	NHSD[3]	SSA[4]
Tuberculosis, all forms	12,520	28,352
Malignant neoplasms	17,215	38,984
Benign and unspecified neoplasms	17,215	38,984
Asthma--hay fever	78,250	177,200
Diabetes	37,560	85,056
Mental and nervous conditions	120,503	272,888
Heart Conditions	250,400	567,040
Hypertension without heart involvement	93,900	212,640
Varicose veins	37,560	85,056
Hemorrhoids	20,345	46,072
Other conditions of circulatory system	59,470	134,672
Chronic sinusitis and bronchitis	42,255	95,688
Other conditions of respiratory system	32,865	74,424
Peptic ulcer	37,560	85,056
Hernia	42,255	95,688
Other conditions digestive system	71,990	163,024
Conditions of genitourinary system	78,250	177,200
Arthritis and rheumatism	231,620	524,512
Other diseases of muscles, bones, and joints	56,340	127,584
Visual impairments	86,073	194,920
Hearing impairments	34,430	77,968
Paralysis, complete or partial	62,600	141,760
Impairments (except paralysis and absence) of upper extremities and shoulders	23,475	53,160
Impairments (except paraplysis and absence) of lower extremities and hips	97,030	219,728
Total Chronic Conditions	1,641,681	3,717,656
Total Number of Individuals	1,565,000	3,544,000

Source:

1 Based on Demographic Projections for New York State Office of Regional Development, May 1966.

2 See: U.S. Department of Health, Education and Welfare, *Chronic Conditions and Activity Limitations*, Series 10, No. 17, May 1965.

3 Based on 8% of total estimated New York State population. See: U.S. Department of Health, Education and Welfare, *Limitation of Activity and Mobility*, Series 10, No. 45, May 1968.

4 Based on 18.1% of total estimate of New York State population. See: *Identifying the Disabled*, Social Security Bulletin, December 1967.

TABLE 11

ESTIMATED NUMBERS OF VOCATIONALLY HANDICAPPED IN NEW YORK STATE 1975

Categories	Population (000)	Percent
New York State Total	19,583 [1]	100.0
A Limited in Major Activity Due to a Chronic Condition	1,565 [2] 3,544 [3]	8.0 18.1
B. Disadvantaged	1,351 [4]	6.9
Disadvantaged (Disabled)	(776) [5]	
C. Inmates of Institutions	154 [6]	.8
D. Total Based on National Health Survey Data (Low Estimate)	2,495 [7]	12.7
E. Total Based on Social Security Research Data (High Estimate)	4,474 [8]	22.8

Notes:

1 Based on Office of Planning Coordination Demographic Projections, May 1966.

2 Based on National Health Survey Data, Series 10, No. 45, May 1968.

3 Based on Social Security Research Data, Social Security Bulletin, December 1967.

4 Based on Special Estimates Developed for Camps by the Department of Labor, New York State, April 1968.

5 There is evidence that reveals that a high proportion of individuals categorized as disadvantaged have chronic conditions that limit their ability to perform their major functions. For the purpose of this study it is assumed that 50% of the disadvantaged can be considered disabled in terms of the classic eligibility criteria used by the rehabilitation agencies.

6 Based on U.S. Census Data for 1960, Detailed Characteristics in New York State.

(In all of the above cases the percentages were applied to estimates of population in New York State, prepared for the Office of Planning Coordination).

7 Item D. the low estimate equals the sum of A. (1) plus B. (2), plus C.(1).
Item E. the high estimate equals the sum of A. (2) plus B. (2), plus C.(1).

TABLE 12

ESTIMATED NUMBERS OF INDIVIDUALS LIMITED IN THEIR ABILITY TO PERFORM THEIR MAJOR FUNCTION DUE TO CHRONIC CONDITIONS BY AGE

Age	Disabled	Percent of Disabled	Percent of General Population Disabled
0-16	46,579	2.9	.8
17-44	313,333	23.7	4.3
45-64	472,204	38.2	11.0
65+	732,698	46.8	33.0
TOTAL	1,564,814 [1]	100%	8%

[1] National Health Data, Series 10, No. 45, applied to New York State Population Projections for 1975.

TABLE 13

POSSIBLE TARGET LEVELS

	Clients Annually (000)		Clients 1969-1975 (000)	
	Referred	Rehabilitated	Referred	Rehabilitated
A.	26.8 [1]	10	268	100
B.	53.6 [2]	20	536	200
C.	80.4	30	804	300
D.	107.2	40	1072	400

Notes: 1 Represents first expansion goal.
2 Establishes next level, providing resources are made available.

IDENTIFICATION OF THE CLIENT - INTAKE

In order to meet its goal of serving all who are vocationally disabled, the state must greatly increase its capacity to receive and process new clients. Restructuring intake procedures and practices will aid in identifying new referrals and facilitating their rapid and direct access to services. The present intake process serves those who reflect their need or are referred for service. The Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped in fiscal 1968 had only 30,613 new referrals. The range of potential clients for vocational rehabilitation services is estimated by the Office of Comprehensive Planning for Vocational Rehabilitation Services to be between 512,000 and 1,007,000. If the gap in numbers is to be closed, the State Vocational Rehabilitation Agency (Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped) and the rehabilitation community will have to intensify their efforts and be given expanded resources to accomplish the goal. Those in need will require not only a vastly stepped-up effort but a more direct approach as well. Different techniques will be necessary to reach the "hidden disabled" - those who may exist statistically but who have not been individually identified or sought service.

In addition to outreach on the part of the State Vocational Rehabilitation Agency, expanded efforts should be directed at encouraging referrals from all sources. Studies have indicated that much of the general public is unaware of the vocational rehabilitation services which are available and of the public and private agencies which provide them. The Division of Vocational Rehabilitation, for example, received only 10 percent of its referrals from individual applicants directly.

Major increases in the numbers of referrals will not alone assure that the disabled will receive services. Only half of the new referrals made to the State Vocational Rehabilitation Agency ever reach active service status which enables the client to participate in a total rehabilitation plan.

Of those applicants or clients who do not reach active status, half are deemed not ready for vocational rehabilitation services, and some 15 percent of these clients accept referrals to other community resources for nonvocational rehabilitation services. The remainder fail to respond to agency communications, or cannot be located, or decline service for a variety of reasons.

It should be noted that evidence exists to support the idea that the more rapidly the client receives rehabilitation services the more likely he is to achieve his vocational rehabilitation. The converse may also be true. The longer it takes to involve the client actively, the more his problems exacerbate and the more difficult it is to sustain his motivation to complete the service process. Therefore, the current intake process, with the time required to accumulate and develop medical, social, and other diagnostic data, may be a contributing factor to the loss of interest or declination of service.

The following recommendations are made as means to expand and make more effective the intake process.

Recommendations

2. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ITS REGULATIONS TO PERMIT AUTHORIZED PROFESSIONAL STAFF OF APPROVED VOLUNTARY REHABILITATION SERVICE AGENCIES, UNDER THE DIRECT SUPERVISION OF THE STATE VOCATIONAL REHABILITATION AGENCY, TO DETERMINE ELIGIBILITY OF DISABLED CLIENTS FOR VOCATIONAL REHABILITATION SERVICES.

   Referrals to the State Vocational Rehabilitation Agency come from many sources among which are vocational rehabilitation centers employing professional rehabilitation counselors. The State Vocational Rehabilitation Agency often will refer clients back to these agencies for specific service. If counselors in these agencies were permitted to determine eligibility and propose rehabilitation plans, clients could commence programs sooner, duplication of general intake and evaluation procedures would be reduced or eliminated, and more effective and efficient use of personnel would be realized. More State Vocational Rehabilitation Agency counselors would be available to serve clients from other referral sources.

   To implement such a plan, even on a pilot project basis, the State Vocational Rehabilitation Agency would set standards by which a service agency would be approved to act in behalf and under the supervision of the State Vocational Rehabilitation Agency.

3. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ELIGIBILITY REGULATIONS TO PERMIT THE USE OF "PRESUMPTIVE ELIGIBILITY" AS A MEANS OF EXPEDITING THE SERVICE PROCESS.

   Under the present federal regulations, the State Vocational Rehabilitation Agency must wait for general medical and various special examination results before it can declare a client eligible for services. Although the intent covering this regulation is sound and beneficial, many clients who obviously are disabled or have an extensive and comprehensive history of their disability available in the files of the referral agency, frequently must be reexamined before they can be declared eligible and provided initial services. Such examinations may take time to arrange and even more time to receive a report from a busy medical practitioner. Informed professional judgment could, in such instances, presume eligibility and begin counseling, planming, and perhaps even initial services while waiting for the reports to confirm or modify decisions made. Such an approach would expedite the intake process and more readily sustain the peak motivation of the client who has reached out for service. This procedure would be of particular value for the more seriously disabled and for many disabled disadvantaged who particularly appear to benefit from prompt service.

4. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE VOLUNTARY AGENCIES AND EDUCATIONAL SYSTEMS TO PLACE GREATER EMPHASIS ON CASE-FINDING TO EXPEDITE EARLY REFERRAL FOR VOCATIONAL REHABILITATION SERVICES.

The education system and the voluntary agencies serve the disabled individual and his family in resolving a variety of problems. Both are in an excellent position to anticipate the impact of disablement at the earliest point in the service relationship and plan for referral to the State Vocational Rehabilitation Agency. Expanding the relationship and coordination between the schools, the service agencies, and the State Vocational Rehabilitation Agency would ensure early case-finding and referral for service and would reduce or contain the effect of disablement on total adjustment of the individual.

Public agencies should make every effort to offer appropriate information assistance to people in need. This advocacy role is increasingly important as the service agencies become more sophisticated. Information services would also serve to increase the number of referrals to the State Vocational Rehabilitation Agency. Accordingly each State Vocational Rehabilitation Agency should accept the responsibility for developing a knowledgeable referral service in each of its locations in the state. Many private agencies and community councils have already developed brochures and directories containing eligibility requirements, types of service and their location, mailing addresses and telephone numbers. Physicians, educators, other state agencies, and public and private agencies or organizations would find such material useful in making referrals to an appropriate public or private agency.

5. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD OUT-STATION PERSONNEL TO INCREASE REFERRALS AND EXPEDITE THE ENTRY OF CLIENTS INTO SERVICE.

A second method of increasing the number of referrals is to increase the assignment of personnel on a regular basis to public and private agencies and institutions where large numbers of disabled are served and who might be potential clients for vocational rehabilitation.

Previous discussion indicates that rapid and efficient processing of referrals at the intake level can very substantially increase motivation for services. A local image of vocational rehabilitation as a local community service and the State Rehabilitation Agency as a locally identified agency is best engendered by a local office easily accessible to the consumer and to the other community agencies.

6. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH A PUBLIC EDUCATION AND INFORMATION UNIT AS PART OF ITS ORGANIZATION, WITH APPROPRIATE STAFF AND FUNDS.

Although the State Vocational Rehabilitation Agency has, to a limited degree, carried on a public information and education program through its facility expansion and grant programs and coordination of community rehabilitation services, its capability has been limited by staff and funds. However, if the goals for 1975 are to be reached, an intensive, structured, and expanded program using various media approaches, brochures, and flyers will be required to reach the many publics and the broad spectrum of community service agencies. Experience indicated that as the potential consumer of services, the service agencies, and the professions become more fully aware of the programs, their comprehensiveness, and accessibility locally, their reachout to the State Vocational Rehabilitation Agency will increase proportionately. This unit not only would tend to increase referrals, but would prepare and distribute information about important developments in the rehabilitation field.

7. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INCREASE THE NUMBER OF ITS LOCAL OFFICES TO SERVE PEOPLE LOCALLY.

When one considers that the State Vocational Rehabilitation Agency is responsible for providing support services to community agencies and services to disabled individuals, it becomes obvious that the location of the State Vocational Rehabilitation Agency , geographically as it relates to the client and the community, is a factor most important in effective administration of the vocational program.

The Division of Vocational Rehabilitation has 20 offices and suboffices and the Commission for the Blind and Visually Handicapped has nine. The Division of Vocational Rehabilitation office may serve as many as 12 or more counties. For example, the disabled in the six boroughs of New York City are served from one office located in Manhattan. Many offices relate to clients and communities located at a distance from their home office. During the course of this planning effort, advisory committees suggested increasing the number of local offices to reach the population more expeditiously.

Local offices would permit greater utilization of professional time. Staff time would not be lost in traveling. Time and distance would not limit direct communication between counselors and clients throughout the service process. The counselor would become an effective member of a local rehabilitation team. Outreach and casefinding efforts would be enhanced. Job development, placement and followup would be more effective. As a part of a local community, the agency staff can more effectively relate to other agencies, public and private, to insure continuity of service, and respond with greater knowledge to the community's needs.

It has been brought to the attention of the various planning bodies that some political subdivisions of the state are unique in both administrative and service structure. If, in such cases after thorough study, it can be demonstrated that the operations of the vocational rehabilitation program on a local level would expedite and enhance service delivery, such an area should undertake the operation of the Vocational Rehabilitation program under state supervision.

EXPANDING REHABILITATION SERVICES

The only generalized statement that can be made about the vocationally disabled is that they present a variety of conditions calling for a variety of services and the expertise of several professional disciplines. Medical research continues to develop new methods and techniques for ameliorating conditions. As a consequence, more clients are being referred to the State Vocational Rehabilitation Agency. Increasing numbers of individuals with physical, mental, emotional and psychosocial disabilities have benefitted from the availability of vocational rehabilitation services.

Disability at birth or as a result of environmental deprivation, trauma or disease is a complex problem affecting personal, family, and extra-family functioning. Although the ability to be gainfully employed is a major aspect of the problem, it must be considered in the context of the whole person and the impact of these other factors upon him. The development of vocational rehabilitation services illustrates an increasing awareness of the complex phenomenon of disability. A vocational rehabilitation program is defined as the constellation of services necessary to restore an individual to full participation in economic, family and community life. These services are usually set in a facility or group of facilities, such services are community organized to provide access by the general public. The following recommendations focus on those services which appear to require substantial development to effectuate a comprehensive community service program, a service continuum.

Recommendations:

8. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND SUPPORT THE DEVELOPMENT OF COMPREHENSIVE VOCATIONAL DIAGNOSTIC, AND EVALUATION SERVICES WITHIN EACH SERVICE AREA OF THE STATE.

   Comprehensive diagnosis and evaluation is a basic service required by all the vocationally handicapped, regardless of disability. A client must be evaluated in terms of degree, severity and prognosis of each of his disabilities, his inherent capacities, current functioning level, physical and mental limitation, psychological and attitudinal states, and interest, aptitudes and skills. Only after such data is gathered can a counselor develop an appropriate plan with his client and coordinate the needed services in the context of the counseling process to effectuate the planned rehabilitation program.

   Reports of the Advisory Committees indicated insufficient diagnostic and evaluation services. It should be noted that the advent of Section 15 of the 1968 Vocational Rehabilitation Act Amendments calling upon the State Vocational Rehabilitation Agency to provide evaluation services to the disadvantaged increases the gap between existing and needed resources. New York State with its large urban areas and ghetto populations and its rural and migrant poor, faces a tremendous task and challenge.

With the proper personnel and facilities, diagnostic and evaluation services can be provided in a number of settings. Examples of such settings include rehabilitation centers and workshops, hospitals, and multi-service centers. Since a comprehensive evaluation and diagnosis encompasses many facets of the individual's functioning, it is not always possible or desirable that a full service program exist in each facility. However, these facilities, especially the community service agencies, the hospitals, clinics, and the rehabilitation centers and workshops that now provide some of these services, should be encouraged to expand and/or coordinate their programs so as to constitute the capacity of the local community to provide comprehensive services.

9. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS COOPERATION WITH THE STATE HEALTH DEPARTMENT IN SUPPORTING AND FINANCING THE EXPANSION OF VOCATIONAL REHABILITATION SERVICES IN GENERAL HOSPITAL FACILITIES.

Rehabilitation should begin as soon as possible and more importantly, when a client is ready for it. The client may easily lose motivation if a service is not available when he needs and desires it. New York State in 1960 began a program for the development of a network of 27 primary and secondary medical rehabilitation centers located in hospitals throughout the state. As of June 1969, 24 centers had been established. Sixteen are located in upstate New York and eight are in New York City. Primary centers are those related to medical schools. Both types of centers provide a broad scope of services on both an in-patient and out-patient basis, but primary centers are expected to care for the more difficult and involved cases. Limited grants to general hospitals were initiated in 1964 to encourage rehabilitation services in areas where residents are not readily served by primary and secondary centers. The goal for this latter group of grants was not to develop complete rehabilitation programs but to support more limited services such as physical and occupational therapy.

The impact of prompt service to the disabled has a significant effect on the patient's acceptance of his limitations and his motivation for movement toward planning a modified or new vocational objective. This is being recognized more and more and hospitals are developing and expanding physical medicine and rehabilitation units. The State Vocational Rehabilitation Agency works closely with these units providing vocational rehabilitation services to patients in the hospital and continued service to them in the community. However, experience indicates that relatively few patients are referred to the physical medicine and rehabilitation units and greater coordination with the hospital services and the vocational rehabilitation services would materially increase referrals.

Among those clients seeking rehabilitation a number require medical rehabilitation and for some, such services would receive primary emphasis. There is evidence that for clients for whom hospitalization is necessary, early return to employment is enhanced when appropriate services - counseling, vocational evaluation, and personal adjustment programs are available in the hospital setting. The hospital facility also provides a base for a comprehensive medical, diagnostic, and evaluation service. Vocational rehabilitation services in a hospital results in the realization of three rehabilitation goals. First, rehabilitation should begin with onset of disability. Second, rehabilitation services should be delivered through a team approach. Third, the physicians as members of the team, would tend to use these services as part of their patient treatment program.

It has been stated previously that a referral gap exists between the physician and the rehabilitation services in the community. This suggests there is a need to inform physicians about community rehabilitation services. One method of accomplishing this is exposure of the physician to rehabilitation programs during his medical and postgraduate training. Many private and public agencies are ready to assist the physician if he could be made more aware of existing resources to which he could refer his patients.

10. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AND EXPAND THE ROLE OF SOCIAL SERVICES IN THE REHABILITATION PROCESS.

Disability frequently has as significant an impact on an individual's social role as it does on his occupation. In addition, the disability itself may be compounded by existing family and social relationships. An effective rehabilitation program not only restores impaired function to permit employment but must include services that help the total person to adjust to a new pattern of life.

General counseling agencies and social workers in rehabilitation facilities can provide guidance and counseling services to help the client and his family adjust and arrange for necessary changes in life style. Personal care, home management, use of leisure time, and reorientation to the community and its resources are a few areas in which social agencies can be of service.

11. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND SERVICES UNDER ITS POLICY OF PROVIDING SERVICES TO A CLIENT'S FAMILY WHEN SUCH SERVICES ARE NECESSARY TO THE REHABILITATION OF THE CLIENT.

The State Rehabilitation Agency has recognized that the rehabilitation of an individual client may require substantial changes in the roles and functions of other family members. The family may be willing to participate in and foster a rehabilitation plan for the disabled member but may not have the understanding or financial assistance necessary. Substantial expansion in this service area is needed.

12. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE REHABILITATION FACILITIES AND LOCAL EDUCATION SYSTEMS SHOULD PROVIDE AN EXPANDED REMEDIAL EDUCATION SERVICE.

Remedial education services are especially important to three groups of clients. First, there are those, especially in the categories of communications impairments, who having suffered disability from birth or early childhood require additional and new kinds of education experience. The abilities and capacities of these individuals are easily misjudged in terms of their current performance levels. Second, there are those individuals whose disability is compounded by educational deprivation and such deprivation contributes to the vocational handicapping condition. Third, there is the client who once successfully placed in one or another form of gainful employment wishes and is able to physically and mentally upgrade himself. More and more clients representing these last two groups are seeking vocational rehabilitation services. Perhaps the greatest impetus will be given by the current Vocational Rehabilitation Act which encourages the client to apply for services as often as he feels that by doing so he may progress to a higher level of functioning. Thus the major goal of the rehabilitation process is developing an individual to his maximum level.

13. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS COORDINATION WITH BOARDS OF COOPERATIVE EDUCATION SERVICES AND MAKE MORE EFFECTIVE USE OF THEIR TRAINING CENTERS FOR WORK ORIENTATION AND TRAINING PHASES OF REHABILITATION PROGRAMS.

Another type of public-supported facility which should be tapped as rehabilitation resources are those maintained by the Boards of Cooperative Educational Services. Prevocational, vocational, and personal adjustment training in these settings would enhance the disabled youth's transition from school to community. The personnel within these schools are specialists and, being particularly attuned to the problems of these disability groups, can lend great expertise in actual service provision. With proper consultation and support for program development, and perhaps with minor personnel and equipment additions, a broader service program could be established.

The Advisory Committees were quite concerned with early identification and service of our handicapped youth. Cooperative planning and programming between the State Vocational Rehabilitation Agency and BOCES should be expanded throughout the state to insure employability of disabled youth upon leaving the school setting. In certain locations, programs within rehabilitation centers or workshops and those of BOCES could be developed to supplement and complement each other. An extension of the BOCES as a rehabilitation facility is its use in off school hours for adult remedial education services as well as vocational training experience.

14. REHABILITATION WORKSHOPS AND REHABILITATION CENTERS SHOULD BE GENERALLY PROGRAMMED TO TRAIN CLIENTS IN RELATION TO THE NEEDS OF BUSINESS AND INDUSTRY.

The range of training within the framework of vocational rehabilitation is very broad and includes vocational training at all levels, prevocational and personal adjustment training and remedial education among others. These training programs are central to the rehabilitation process and have the most direct effect on the client's employment possibilities and successful placement. (A comprehensive program must assure the availability of all supplemental training services to insure appropriate selection and successful completion of a vocational training objective.) And, just as importantly, vocational training programs must be based on the realities of the job market in industry or sheltered workshop based primarily at or near the client's home area. Until a client is placed in some form of gainful occupation, hopefully competitive employment, his rehabilitation program cannot be considered fully successful. When a client is prepared with skills most needed by employers, his opportunities for employment are increased. The rehabilitation facility or center uses work both as the medium for the adjustment and to provide specific vocational training for the client. These experiences provide skills which can be directly related to future job opportunities. Advisors from the business community could ably assist such facilities in continuously updating and aligning all aspects of the programs to the constantly changing technology of the job market. Although current job information is basic to the rehabilitation process, this cooperative effort with industry provides a currency otherwise hard to maintain. It will also help to create a better community understanding of the abilities and potential contributions of the disabled, an acceptance of them, and an employment market to receive them.

15. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP NEW AND EXPANDED APPROACHES TO THE INCORPORATION OF REHABILITATION PROGRAMS WITHIN BUSINESSES AND INDUSTRIAL PLANTS.

There is also another facility resource that can be tapped and that is the business plant, itself. The job market is a determining factor in the successful placement of a client. The more the training facilities in rehabilitation settings approximate industry, the more likely and easily a client can find employment. It has already been suggested that non-terminal shops be programmed to meet the needs of local industry. However, it is felt that even closer alignment with industry would be beneficial to the vocational rehabilitation program.

Location of a rehabilitation facility in a business plant has several advantages. The setting is "real". Job training and equipment have relevance. Training situations are numerous and diversified. The client need not "fit" into a particular or specific training program. As the client progresses, opportunities for work trials and on-the-job training are immediate possibilities. Direct placement of the client is enhanced. Rehabilitation and production personnel can work more closely and with greater understanding of the needs of the client and the requisities of industry.

The vestibule technique is not new to the State Vocational Rehabilitation Agency. Up to now only a lack of funds has barred the agency from expanding such endeavors. And the concept is no longer new to industry. With the advent of the federal manpower programs, business is responding with a sense of responsibility to a new role in our society. The existence of such groups as the National Alliance of Businessmen give testimony to this trend. Major companies are sponsoring training programs for the unemployed and underemployed. They have found that, at times, it is necessary to call in professional teaching and counseling personnel to provide vital support services. Though most of these programs are geared to the "disadvantaged" and the ghetto dweller, application of such programs and techniques to the needs of all vocationally handicapped groups should be encouraged.

Local industry and business can expand its training role to supplement the services of local rehabilitation workshops. There has been evidence that there are those clients who achieve satisfactory adjustment and work ability within a workshop setting but cannot successfully enter the job market. Work trials in competitive industry would give rehabilitation staff the opportunity to learn of adjustment deficiencies and work to improve the client's adaptiontation.

A program developed along these lines appears to have several advantages. The client receives actual job experience. He will be part of the normal labor force, perhaps for the first time or after a long period of absence. The tie to the rehabilitation facility which is sponsoring him is supportive and encouraging. He gains status in the eyes of other clients. At the end of a trial period, a client may be placed in competitive employment, be assigned to another trial placement, or return to the facility for additional services. But,in any event, his actual work experience acts as a stimulus to employment agency personnel to secure regular employment for him and provides job references to future employers.

16. FEE SCHEDULES WITH DIFFERENCIAL RATES SHOULD BE REVISED TO MORE ADEQUATELY REFLECT THE COST TO AN AGENCY OF PROVIDING SERVICE.

It is obvious that need for service already outstrips funds available to provide them. To implement this plan increased funding will be required on a federal and state level. Systematic financial programming must begin now since vocational rehabilitation touches so many related government and private agencies. Funding vocational rehabilitation is particularly unique. The State Vocational Rehabilitation Agency does not own or operate rehabilitation facilities or workshops. The State Vocational Rehabilitation Agency pays a fee to agencies and other vendors for services they render to its clients. It is responsible for approving and managing funds from the several federal grant programs under the Vocational Rehabilitation Act. These grant programs cover funds for construction, expansion and improvement of facilities, project development, technical assistance, etc. Under several of these, provisions are made for support of personnel, consultants, and equipment. The State Vocational Rehabilitation Agency also administers the Rehabilitation Workshops Support Program which is completely state financed. Grants under this program are solely for the support of professional personnel.

17. LEGISLATION SHOULD BE DEVELOPED TO AUTHORIZE THE PROVISION OF ADVANCED PAYMENTS TO APPROVED AGENCIES WITH WHOM THE STATE VOCATIONAL REHABILITATION AGENCY HAS CLIENT SERVICE CONTRACTS.

When purchasing services from approved rehabilitation agencies, other approaches for payment may be preferable. Though such agencies serve other than Vocational Rehabilitation clients, they may still be dependent upon the State Vocational Rehabilitation Agency referrals to fully utilize the staff and space. In addition, payment from the State Vocational Rehabilitation Agency is often delayed due to factors inherent in the State Audit and Control Systems. These two factors make it difficult for the agency providing service to meet its budget commitment schedule.

Advanced payment has been used by other states. The security of a known income would provide the voluntary agency with a viable financial posture facilitating planning for program development. Those disabled, not officially public agency clients, would benefit by the stability of the facility. In doing so, the State Vocational Rehabilitation Agency would be able to plan and manage its program more effectively.

Funds in payment for client services is the largest part of the State Vocational Rehabilitation Agency budget and affects most directly the day to day operations of many service agencies. Voluntary agencies have been faced with major problems related to rapidly increasing costs of operations. There is strong competition for professional staff with its concommitant funding problem. Overhead costs have risen, also. Often this results in the depletion of capital funds which intensifies the problems of raising adequate monies for expansion and development of facilities for new programs. Though a Vocational Rehabilitation client may be referred for a specifically prescribed service he often benefits from the adjunctive services available in a comprehensive facility for which payment is not provided.

In developing appropriate fee schedules, all personnel time devoted to the client over and above the professional rendering the specific state authorized service should be considered, as well as other maintenance costs and overhead. The voluntary agency expecting payment related to total operating costs must be willing to disclose financial and other records for audit. Prompt payment by the state agency is essential to the fiscal health of the voluntary agency.

18. THE STATE DEPARTMENTS OF HEALTH AND INSURANCE SHOULD TAKE APPROPRIATE ACTION TO INSURE THE INCLUSION OF REHABILITATION SERVICES IN HEALTH INSURANCE PLANS.

Efforts should be directed toward developing realistic and equitable health insurance coverage for the disabled. There are various proposals for such coverage, all aimed at reducing the tremendous financial burden of the medical treatment and rehabilitation services necessary to restore functioning. The State Vocational Rehabilitation Agencies and health insurance agencies should work together to draft this.legislation. Extended medical services should also be included, although this coverage is generally available now. Many handicapped persons, because medical costs are prohibitive, find rehabilitation services are an impossible financial burden. Consideration should be given to the funding possibilities inherent in insurance coverage thus relieving government agencies of some of the tax cost in the provision of such services. This would free funds for expansion of the vocational rehabilitation programs.

19. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE THE DEVELOPMENT AND UTILIZATION OF RECREATIONAL SERVICES FOR THE DISABLED.

In American society today, more and more people are finding that they have more and more leisure time. Many of our senior citizens are unprepared by previous experience to make meaningful and rewarding use of what to some is enforced leisure. But, for young and old, a program of rehabilitation cannot consider the individual in the context of work only. If rehabilitation is to help the client toward greater independence and assist him in attaining a normal living pattern, he should be provided the experience and means for his total integration into community life. All of the individual's needs cannot and should not be satisfied through work experience. Recreation is therefore viewed as an essential to stabilized employment.

During the rehabilitation process recreational facilities and activities can be used therapeutically. Special programs may have to be designed for those who will remain in sheltered employment and for those residing in hostels, or halfway houses or their own homes.

Although the State Vocational Rehabilitation Agency cannot assume full responsibility in this area, it can lend vital support. The public should be educated about the special needs of the handicapped. Community fraternal and civic organizations can contribute to the establishment and continued support of specially designed services. Special arrangements for transportation to and use of existing community resources can be made. It may be necessary to employ appropriate staff such as rehabilitation nurses, recreation therapists, and specialists for specific programs.

Special Populations

The following discussion and recommendations focus on five special groupings of the handicapped: the aged, disabled youth, the homebound, the corrections populations, and the rural disabled. These groups have been treated separately for their vocational handicapping condition which derives from a constellation of factors rather than a single disabling condition.

The Aged

In New York State approximately 10 percent of the population is aged 65 or over and the number is expected to increase significantly by 1975. As life expectancy continues to increase, there will be more of the aged in the general population, and although medical science has increased general health significantly, the incidence of disability will continue to increase with age. Visual and auditory disabilities, for example, are more prevalent in the over 65 group than in any other age group.

In addition to the incidence of many physically disabling conditions, age itself brings many problems and may be considered in many cases as a disability in its own right. The aged may require special medical care, adjustment to new patterns of living, special leisure activities, special housing, and income supplements. For some the adjustment to growing old and living in retirement is not a problem; for others it may be extremely difficult. There is much that the rehabilitation community can do for our senior citizens, particularly by working with the growing number of public and private agencies serving the aged.

Recommendation

20. **VOCATIONAL REHABILITATION SERVICES AND EMPLOYMENT OPPORTUNITIES SHOULD BE EXPANDED TO MEET THE SPECIFIC NEEDS OF THE AGED.**

Interagency planning before new programs are instituted would help the rehabilitation agencies mesh their efforts with existing programs and to fill in gaps in the present service structure. Potential sources of funds should be explored. The effort should involve such resources as the Federal and State Offices for the Aging, community senior citizens groups, retirement systems, and the future consumers of these services - the aged themselves.

Program specialists have been recommended for various disability groups, and should be utilized for planning, developing, and administering the State Vocational Rehabilitation Agency's programs for this group as well. In addition, this specialist would bear responsibility for coordinating such programs with other programs of the community.

We find in increasing numbers that our older citizens are not prepared for forced retirement and want employment. Yet, because of age, compounded by disability, they often have a very substantial handicap to employment. Such individuals are not only frustrated by the present retirement trends but can often feel insecure and frightened because of inadequate income. Another concurrent phenomenon is the disappearance of the extended family in our society, leaving the elderly alone and often isolated. These individuals require and want a more active, direct, and contributing relationship with the community.

Throughout the state, and especially in New York City, there is a scattering of workshop programs geared to meet selected employment needs. These programs should be expanded in cooperation with the state agency and program specialists should assist in the future development of workshop programs for the aging.

Services for the aged would not only directly benefit an important segment of our society but would benefit all society in general. We could expect a reduction in the cost of medical and allied services now increasing so greatly as evidenced by the numbers of nursing homes and extended care facilities. We can also expect that as a result of such proposed services, family members and others now occupied in caring for such aged could be released to enter the work force.

Disabled Youth

The Advisory Committees placed heavy emphasis on the young disabled noting that the sooner rehabilitation and vocational rehabilitation services can begin, the less will be the chance that the disability will be severely handicapping. It was the contention of the committees that prevention and early treatment should be a prime responsibility of all the various public and private agencies connected with children and should receive a high priority in planning for vocational rehabilitation. Stressing prevention and early treatment would be financially advantageous as well as humanitarian, as it should reduce the number of young adults requiring extensive service because of handicapping condition that has become complex and pervasive over time.

"A great deal of good work which our public school systems were doing in the development of integrated programs for handicapped children was interrupted by the eradication of the special aid formulas which supported these programs".[27] The general state aid formula to school districts removed the incentive to provide these special services. Handicapped children require special programs and benefit greatly from such early services in their education and adjustment to life and work. The policy of categorically providing for the needs of those requiring special education is currently being studied by a special commission. Although there is an apparent need to earmark funds for special education programs, action in this regard will have to be deferred until the Governor-Regents Commission has had an opportunity to report its findings.

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[27] Final Report, Region II.

Recommendation

21. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD BROADEN AND EXPAND APPROPRIATE VOCATIONAL REHABILITATION SERVICES AS RAPIDLY AS POSSIBLE TO DISABLED CHILDREN AND YOUTH.

The educational systems figured directly or indirectly in the majority of recommendations. The various rehabilitation agencies particularly the State Vocational Rehabilitation Agency should promote better services to handicapped children. The broadening of the State Vocational Rehabilitation Agency's service to younger children and youth should also serve to significantly reduce the impact of disability.

The State Vocational Rehabilitation Agency could offer valuable consultation to educational systems in their development of special programs for the disabled child. This would encourage orientation of school personnel in the special vocational rehabilitation problems of these children. The voluntary rehabilitation agencies may be a particularly valuable resource to the schools. These agencies could offer information, resources, and referral assistance to school personnel, assist in work-study and vocational training programs, and in working with the parents of these handicapped children.

Although the Departments of Education, Health and Mental Hygiene have extensive programs for disabled children, it is apparent that more needs to be done. These departments, with existing structure, staff, programs, and funding are in the best position to develop or expand services. However, the State Vocational Rehabilitation Agency must also accept expanded responsibility, particularly in those areas where they have demonstrated expertise and have special resources.

The Homebound

The homebound disabled are of two types: those whose disability has temporarily restricted their mobility to the home and those who are permanently restricted. The same range of disabilities are found among the homebound as in any other segment of the population, and therefore, approximately the same services are required to serve this group with a few exceptions. What generally distinguishes a program for the homebound from others is the method of delivering the services. For the temporarily homebound, selected services may have to be rendered to the client in his home to restore mobility and until such time that the client can go out to the service facility. In these cases a homebound program enables the client to receive services as soon as possible rather than experiencing a delay which may be harmful. The permanently homebound disabled, on the other hand, benefit from this program on a different level. The program may be the sole method for their receiving services and gaining a measure of independence.

Industrial homework, an important service for the homebound, is seen both as a training medium as well as a placement goal depending on the client. Many times this service is an extension of existing workshops. A major increment to this program would require expansion of the industrial role in this area.

Recommendation

22. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD SUPPORT THE DEVELOPMENT AND EXPANSION OF PROGRAMS FOR THE HOMEBOUND DISABLED ESPECIALLY IN THE UPSTATE AREAS.

    Presently the State Vocational Rehabilitation Agency with private agency cooperation, has developed only one major organized homebound program. As the agency accepts more and more responsibility in serving the severely disabled, homebound programs will have to be organized and expanded. Since there are differences in types and emphasis of services required by the homebound, careful identification of caseload and analysis of need will have to be undertaken. The proper constellation of service should be made available as should personnel and transportation facilities to carry out the program. Specialists for the homebound should be included in the State Vocational Rehabilitation Agency personnel structure.

The Corrections Population

Special programs are also necessary for the disabled in correctional institutions and those programs provided by the Division for Youth. These disabled may be viewed as having compounded their handicap by also being public offenders or delinquents. While modern penology stresses the rehabilitation function of prisons, the inmates who are also physically or mentally disabled require expanded rehabilitation programs which will supplement the regular correctional program. The State Vocational Rehabilitation Agency can offer special assistance to correctional agencies by design or operation of rehabilitation services to accommodate their disabled populations.

Recommendation

23. THE STATE VOCATIONAL AGENCY SHOULD EXPAND ITS ROLE WITH STATE AND LOCAL AGENCIES SERVING THE DISABLED PUBLIC OFFENDER.

    The State Vocational Rehabilitation Agency has been working with New York State Vocational Institution in West Coxsackie for a number of years and has assisted in developing a program of vocational rehabilitation within the institution as a bridge to further vocational development. At the present time there is a new special program in the state located in the prison at Attica. A significant number of disabled persons have been identified in the prison population. Similarly expanded programs should be developed with agencies such as the New York State Division for Youth, Parole and Probation, and the custodial services of New York State Departments of Correction and Social Service. The expertise of the State Vocational Rehabilitation Agency can assist both the disabled public offender and the prison correctional staff in developing diagnostic and evaluation services, medical, psychological, social, and remedial adjustment and work training services. These services should be available while the offender is serving his term, and the State Vocational Rehabilitation Agency should expand his service placement and follow-up to those released.

The Rural Disabled

Although a substantial number of the state's population is found in rural areas, there is good reason to assume that the rural disabled are among the most underserved in the state. Several factors contribute to this situation: the lack of transportation, the dispersed settlement patterns, the high mobility of the migrant workers, the difficulty of supporting facilities and of developing employment opportunities. It should be noted that the rehabilitation agencies in most states have spent the greatest proportion of their resources and time in the urban areas.

There is every reason to assume that the incidence of disability is just as high among rural populations as it is in urban and suburban groups, and perhaps greater among the rural poor. Therefore, the State Vocational Rehabilitation Agency should intensify expansion of services and provide an effective delivery system for the rural handicapped.

Recommendations

24. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ADAPT SERVICE PATTERNS AND FACILITIES TO ACCOMMODATE THE NEEDS OF THE RURAL DISABLED.

The agencies will have to decentralize their offices so that they will be located in rural as well as urban areas, outstation personnel, and adapt plans for facility programs. The agency will also have to be cognizant that service patterns for rural areas will be different from those in urban areas. It will require study, experience, and staff to develop relevant service structures and patterns for those rural areas.

25. THE BENEFIT COVERAGES THAT ARE NORMALLY PROVIDED TO THE INDUSTRIAL WORKER SHOULD BE EXTENDED AS RAPIDLY AS POSSIBLE TO THE AGRICULTURAL WORKER.

Though the decline in agriculture as a job market is rapidly accelerating, New York State had in 1967 approximately 16,900 interstate farm workers. An additional 12,000 seasoned agricultural workers were recruited from the towns and cities through day-haul operations under crew leaders. They are vulnerable to unpredictable layoffs due to wind, weather, plant pestilence and management practices. Among them are a few skilled farm workers capable of arranging their work patterns in a manner to earn a fairly acceptable annual wage. But far more typical are those displaced from other occupations or unable to find stable employment elsewhere. Many are sharecroppers displaced by technological changes, others are the victims of industrial unemployment, personal catastrophe, physical handicap, or educational disability.

The Migrant Ministry of the Council of Churches identifies the major problems of the migrant worker group as irregularity of employment and low family income, disenfranchisement,not usually covered by social legislation and victims of societal isolation. The New York State Joint Legislative Committee on Migrant Labor indicates that migrant laborers as well as other agricultural workers in this state are a deprived minority, who reap very few benefits from the crops they harvest.

On the positive side, the Departments of Health and Labor have stepped up their programs. Other state and local agencies are doing likewise.

The Committee on Education and Labor of the 90th Congress in commenting on the 1967 Amendments to the Vocational Rehabilitation Act, refers to "the serious plight of thousands of migrant workers who represent a widely-known segment of our population who are never furnished the same public services as other citizens. The prevalence of disability conditions, some having their origin in chronic illness long neglected, and other arising from accidents on the job, the highway or elsewhere, calls for special attention and action." [28]

26. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH PILOT PROJECTS FOR MIGRANT WORKERS AS A PRELUDE TO A COMPLETE VOCATIONAL REHABILITATION PROGRAM DESIGNED FOR ALL SUCH WORKERS IN THE STATE.

The availability of such programs as Workmen's Compensation, Social Security, Unemployment Insurance, etc., should be extended to these workers as a matter of right. Such benefits facilitate the provision of vocational rehabilitation for those who are disabled. The non-disabled migrant worker, as a disadvantaged vocationally handicapped individual, could be eligible for service when appropriations are made available to implement Section 15 of Vocational Rehabilitation Act.

The problem of migrant workers is more complex than most approaches to serving the variety of disabled and disadvantaged. On the negative side, they are a mobile group with no specific anchor and therefore not readily able to take advantage of the normal educational and service facilities, limited as they may be in rural areas. On the other hand the migrant is motivated to work and has the energy, misdirected perhaps, to follow his work despite hardships that might deter many others from such employment. This energy and interest in work must be positively channelled into the regular employment market. Rehabilitation services to the whole family will be the basic approach since there would be restructuring of family goals, relationships, and communal values. Similarly, the locus for rehabilitation, the local community, will also need preparation to relate to the migrant and his family and absorb them into the mainstream of community life and its services. Careful planning with the community and the migrant through specifically structured programs will provide the knowledge and understanding necessary for the migrant to eventually develop a new role for himself and family.

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[28] Let Justice Roll, Migrant Meeting, National Council.

PLACEMENT AND FOLLOW-UP

The culmination of the vocational rehabilitation process is successful job placement. At each step in the client's progress, from the initial development of a specially tailored plan through the selection and delivery of the most appropriate services, the goal is to maximize the client's potential for employment. Therefore, the rehabilitation agencies have a great responsibility to assure each and every client that an appropriate job will be available to him.

There are many resources available to placement personnel. Public and private agencies have placement counselors, the New York State Employment Service offers the special services of the Selective Placement Counselors, and there are private employment agencies who handle the disabled. In addition, many business firms and educational institutions offer assistance. Ultimately, however, the ability to place an individual rests upon the availability of jobs and the counselors ability to develop specific openings to which he can successfully match his clients. These two factors are of the utmost importance to the whole rehabilitation program. The end product of time, money, effort and services are dependent upon a suitable job placement for the client.

The following recommendations deal with placement in two ways. The first is from the standpoint of developing a sufficient job market with a spectrum of employment opportunities, and the second deals with the ability to use these developed resources to place clients ready for employment.

Recommendations

27. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE GOVERNOR'S COMMITTEE ON EMPLOY THE HANDICAPPED, THE NEW YORK STATE EMPLOYMENT SERVICE, AND THE REHABILITATION COMMUNITY SHOULD CONTINUE TO DEVELOP A PROGRAM WHICH ENCOURAGES LABOR AND INDUSTRY TO PROVIDE EMPLOYMENT OPPORTUNITIES FOR THE DISABLED WORKER.

    A first step toward developing a job market for the handicapped should be the encouragement of employment opportunities within private industry. Although much has been done in the past through "Hire the Handicapped" campaigns, it is apparent that these efforts need to be expanded and supplemented. Employers should be made aware of the positive qualities of handicapped individuals. More stress should be placed on the handicapped person as an individual rather than as a member of a sub-group.

    This program should build upon the efforts of and work closely with the Governor's Committee on Employ the Handicapped which is associated with the Department of Labor. The program should focus on public and private firms, labor unions, and management and labor groups.

    Several committees noted that various interpretations of the Workmen's Compensation Law have deterred some employers from hiring the handicapped. The law should be carefully reviewed, particularly in regard to the Second - Injury Clause and the sections dealing with liability, so that the law is not interpreted, as a deterrent to the hiring of handicapped.

28. THE STATE SHOULD DO EVERYTHING FEASIBLE AND REASONABLE TO EMPLOY THE HANDICAPPED AND SHOULD CONTINUALLY REVIEW POLICIES AND PRACTICES TO THAT END.

Because state, federal, and local governments are large employers, this resource should be explored. In the past, government policy was positive in the area of jobs for the disabled, but additional emphasis should be made to assure that these opportunities are extended to the handicapped.

Any testing practices which unfairly discriminate against a person because of his handicap though he is otherwise qualified, should be removed, and hiring regulations examined. For example, the former offender has a difficult time in state and local government because of these regulations. The regulations should be changed wherever possible and reasonable, and appropriate personnel oriented toward this expanded policy.

29. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROPOSE MODEL LEGISLATION OFFERING INCENTIVES TO INDUSTRY FOR HIRING THE HANDICAPPED.

It is generally concluded that it may be necessary to offer private enterprise some kind of financial incentive to significantly open their ranks to the qualified handicapped. Such incentives, in combination with educational programs, and re-examination of various legislation may encourage significant hiring of the handicapped. Between government openings and an advance in the private sphere, the employment opportunities should be sufficient to offer a wide range of possibilities for this group.

These incentives could be of several types, including tax incentives or direct payments. It should be remembered that even with the expense involved in such government outlays, the taxable income created by employment should more than compensate the government's initial cost or revenue loss.

30. GREATER USE OF CONSULTATION AND SUPPORT SERVICES OF THE SMALL BUSINESS ADMINISTRATION SHOULD BE MADE WITH RESPECT TO SMALL BUSINESS ENTERPRISES FOR THE HANDICAPPED.

In addition to developing employment opportunities in government and private enterprise, another general area requires exploration. This is in the area of small business structured especially for the handicapped who can produce at minimum wage level or above but who require a special setting. These businesses have, in several instances, been self-sustaining and excellent sources of income for their handicapped employees. Special consideration and financial support or subsidization may be necessary in the infant stage of such a corporation. The idea should be thoroughly explored, and supported where feasible.

31. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO ENCOURAGE AND SUPPORT THE EXPANSION OF SHELTERED WORKSHOP EMPLOYMENT OPPORTUNITIES.

The long-term sheltered workshop is primarily for those disabled not able to compete on a par with workers in private industry although some may achieve that level after a time. There are a number of disabled, notably the multiply handicapped, trauma cases, and the more severely retarded, whose best level of production will not enable them to compete successfully in private industry. Yet these workers, in the special setting of the sheltered workshop, may maximize their potential and achieve beyond previous expectation.

At present many such very severely disabled are not provided with vocational rehabilitation service because it is known that their best placement will be in a sheltered workshop and not enough vacancies exist. The goal of this plan is the development of more workshop opportunities so that the disabled who require them will not be ignored.

32. THE AMENDMENT TO THE EDUCATIONAL LAW (ART. 21 SECTION 100 4A) AUTHORIZING SUBSIDY TO SHELTERED WORKSHOPS PROVIDING LONG-TERM EMPLOYMENT TO THE MENTALLY RETARDED SHOULD BE EXTENDED TO INCLUDE ALL THE DISABLED EMPLOYED IN SUCH WORKSHOPS.

The vocational rehabilitation program has matured enough to have developed sufficient skill to diagnose and plan a vocational rehabilitation program for the individual client. The severity of disability or type of disability are only special factors that must be considered and may modify the developed plan. The real determinant of successful results is a function of the support services and employment opportunities available in the community. It is therefore, essential that in planning to serve all the disabled, including those severely disabled, that the expansion and development of services parallel the expansion and development of employment opportunities both in industry as well as in the sheltered workshop. The existence of services and gainful work opportunities motivate the disabled and is the community's expression of confidence that the disabled when trained can make a significant social and economic contribution to himself and his milieu.

Since it is recognized that the severely and multiply handicapped cannot produce at a rate which will absorb the overhead costs of maintaining s sheltered workshop. The difference between the earned income from production and the actual cost of maintaining production should be met through a subsidy to the voluntary organization which maintains the workshop. In addition to the deficit created by low production, there is the cost of ancillary rehabilitation services necessary to this type of facility. No private group can afford to serve all those needing sheltered employment without government assistance, preferable in the form of a per capita subsidy. This program has already received state approval for the mentally retarded. These benefits should be extended to all the handicapped employed in long-term sheltered workshops.

33. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP SPECIALIZED PLACEMENT PERSONNEL INCLUDING PLACEMENT COORDINATORS

Suggestions were made by the Advisory Committees about efforts by the State Vocational Rehabilitation Agency to increase employment opportunities. Such personnel would concentrate on developing a reservoir of job openings and possibilities so that counselors would be better able to make rapid, accurate placements of their clients. Special placement staff would establish close contacts with business firms, Civil Service, the New York State Employment Service, and other likely resources. This position should aid each counselor and the staff as a whole by pooling and centralizing employment resources.

Placement personnel would be outstationed in places where a large proportion of clients would be ready for placement. This would speed up this part of the process. Clinics, hospitals, and workshops are likely places where outstationing can reduce delay.

Job requirements for the placement specialists would not necessarily include traditional degree requirements, but be based on experience, a knowledge of the community and job market, and personality factors. The placement specialist, as well as the counselor, should be aware of changing technologies and job requirements, and maintain closer, more meaningful work relationships with employers to achieve the desired interaction between industry's crucial need for workers and the urgent need for successful placement. Although the State Vocational Rehabilitation Agency uses the services of many placement agencies including the New York State Employment Service, the primary responsibility for placement of its clients remains with the State Vocational Rehabilitation Agency.

34. THE SOCIAL SECURITY ADMINISTRATION SHOULD RAISE THE SOCIAL SECURITY DISABILITY CEILING ON EARNINGS FOR THOSE PERSONS EMPLOYED IN LONG-TERM SHELTERED WORKSHOPS.

The Social Security Administration sets a ceiling on earnings which are permitted while retaining the disability benefit. At present the ceiling on earnings is $1,680, a sum below the minimum wage. This means that the sheltered workshop employee may not earn more than $1,680, or his benefit is affected in whole or part.

Under the present system the worker who progresses to attainment of the minimum wage may be deterred from earning it for fear of losing his disability payments which are riskless. If the ceiling cannot be removed, it should be raised to a level so that the earnings and the benefit payments combined would be at least equal to the minimum wage.

35. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXTEND FOLLOW-UP FOR AS LONG AS NECESSARY WITH APPROPRIATE SERVICES.

The State Vocational Rehabilitation Agency considers a person "rehabilitated" who has been placed on a job and has been working and adjusted to his job for 30 days or more. Data from reapplications to the State Vocational Rehabilitation Agency and information from the voluntary rehabilitation service agencies indicate that for many disabled a longer period of follow-up is needed to help sustain the disabled in employment.

Extending follow-up services, not ties to statistical rehabilitation closure, would give more attention to determining the client's progress and status after rehabilitation. Determination could also be made as to whether optimum utilization has been made of rehabilitation services, and whether services offered are meeting all the needs of disabled persons. There has been some indication that the final two steps of the rehabilitation process, placement and follow-up, could be substantially strengthened.

Additional services recommended during the follow-up period are supportive services especially needed for those clients who are entering business or industry for the first time, and for those clients whose disability has an aspect of a cyclical nature such as some forms of mental illness.

FACILITY CONSTRUCTION

The effectiveness of rehabilitation services is a function of the availability of a variety of voluntary and public agencies. Client needs depending on age, type, and severity of disability, onset of disability, rehabilitation goals - are so diverse that rarely can one facility house all the services required to meet all the needs of the individual requiring rehabilitation services. The objective of a sound facilities plan is to develop, through the services of one or several facilities, a comprehensive rehabilitation program to meet the needs of all the disabled in a geographic area, and just as importantly, to make any one facility as comprehensive as possible within specific programs.

The term facilities, in the context of vocational rehabilitation, includes a wide variety of institutions including: schools and universities, sheltered workshops, vocational rehabilitation centers, and medical rehabilitation complexes, etc. Although the medical rehabilitation complex and the vocational rehabilitation facility may differ within its own general group in program and service, each has a common philosophy and focus. For example, all medical rehabilitation facilities focus on the medical treatment modality and are concerned secondarily with the vocational rehabilitation needs of the patient. Where they include a vocational diagnostic and evaluation program, such services are adjunctive to the medical program. In contrast, the vocational rehabilitation facility's major focus is vocational rehabilitation, social or daily living adjustment. The vocational rehabilitation facility often contains a complement of medical staff but the medical aspect is adjunctive to the vocational rehabilitation aspect. Both types of facilities cross refer the patient-client when the major problem focus changes from medical to vocational rehabilitation and vice versa. Thus exacerbation of a medical problem may move the client to a medical rehabilitation facility. When the medical needs are sufficiently controlled then a referral to a vocational rehabilitation facility may be indicated.

The rehabilitation facility and workshop is the unique setting for the delivery of vocational rehabilitation services. The program of a vocational rehabilitation center usually includes diagnostic services (medical, psychological, social, and vocational) evaluation, work adjustment and training, placement and followup. Some of these services may not use paid work as a medium. The sheltered workshop was originally considered a place solely for the employment of those who could not compete in private industry. While they still serve this purpose, most sheltered workshops in New York State have been encouraged and supported to take on a rehabilitation orientation and function. Rehabilitation workshops in the state may include one or all of the above services attributed to a center but remunerative work experiences are still the media for the majority of their programs.

Many of the rehabilitation workshops that exist today are due to the efforts of parent groups who often organized voluntary agencies to fill the needs of individuals with a common disability. Much of the pioneer work in vocational rehabilitation was developed through local citizen efforts.

The current emphasis is on developing major regional comprehensive vocational rehabilitation facilities. Facilities for special disabilities are also developed as needed. Ideally, each local community should have the facility capacity to serve all the handicapped in its locale and respond to the special needs of specific handicapped groups. There are large areas of the state where no facility, center, or workshop, single or multidisability in nature, is readily accessible to handicapped individuals. Those with special disabilities such as blindness or deafness may have to travel great distances to New York City, Albany, Syracuse or Buffalo to receive services. The resources within these cities are strained meeting the needs of the population within their area. The answer appears to be in the concurrent development of multidisability workshops and regional centers acting as both primary rehabilitation centers and as service resources for smaller facilities.

Recommendations

36. PLANS FOR THE CONSTRUCTION AND EXPANSION OF REHABILITATION FACILITIES SHOULD EMPHASIZE THE CAPACITY TO SERVE A MULTIDISABLED POPULATION. HOWEVER, FULL CONSIDERATION SHOULD BE GIVEN TO THE NEED FOR SPECIAL FACILITIES TO SERVE SPECIFIC DISABILITY GROUPS AS NECESSARY.

The present manpower shortage makes it virtually impossible to staff separate facilities for special disability groups on every local level. The multidisability facility is a means of deriving maximum utilization from a program with the most efficient use of personnel and funds. Indeed, in the recent past when community groups have wanted to sponsor facilities for specific disability groups, they have found it necessary to include individuals with other disabilities to develop the clientele to warrant a new facility and to gain broad-based community financial support.

The comprehensive multidisability facility has several advantages. It provides a more realistic environment for the client by exposing him to others who are unlike himself. The staffing of the agency is apt to be multidisciplinary. Individuals with multiple handicaps are more readily accommodated. There are those clients whose vocational future is limited by social obstacles and complex personal and family problems. Services in addition to the traditional vocational rehabilitation services can more easily be developed with appropriate financial incentives in a facility with a comprehensive professional staff complement. Those who program multidisability facilities, however, should take cognizance of specific disability groups which present unique needs and problems. Services should be designed to adapt to special needs as well. The professional staff must be properly trained and specialized personnel must be available where population concentrations require services. Therefore, the specialized disability facility should also be developed and utilized. The single disability facility often provides services that will bring an individual up to a functional level where he may participate in a more generalized and comprehensive service program. It also offers a specialized research setting.

37. COMPREHENSIVE REGIONAL REHABILITATION CENTERS SHOULD BE DEVELOPED TO COMPLEMENT LOCAL FACILITIES.

When using the term "regional" it is not referring to the four broad regions used as a basis of this planning project. In suggesting the establishment of regional centers to support local facilities rigidity is not implied. The overriding impression from this study is the need for planning services as near the client as possible but with a geographic base large enough to warrant and financially support proper facilities and supervision. Where a county is large enough, a rehabilitation center and smaller facilities may serve that county as a defined region. In other instances, different models may be required. Local facilities may rely on the regional centers for major service components until their needs require that they provide a comprehensive program themselves.

In general, such a center becomes a resource for the smaller facilities. Regional centers should include program and personnel to serve those more difficult and multihandicapped cases who are not readily served in the smaller facility. Centers should have attached residence facilities for those disabled who cannot commute. Centers should sponsor rehabmobiles to transport service and personnel to extend programs to more remote areas and to exchange services with local facilities.

38. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE LEADERSHIP IN DEVELOPING NEIGHBORHOOD MULTISERVICE CENTERS AND IN ENCOURAGING AGENCIES WITH REHABILITATION OR SOCIAL SERVICE FUNCTIONS TO PARTICIPATE IN SUCH CENTERS.

As has been illustrated elsewhere, one of the biggest tasks is to reach the disabled known to exist but who are not receiving services, and once having reached these individuals to assure prompt coordinated service delivery. The development of services in two quite different types of facilities is suggested to fill these needs. As public and private agencies have recognized the magnitude of social problems, the number of programs and service agencies seeking to correct them have increased. Though the trend has been toward decentralization to meet local needs, the resulting complex governmental and private organizational structure makes coordination of the various programs on the community level difficult. The neighborhood multiservice center answers the comprehensive needs of individuals. An individual seeking service is confronted with a series of obstacles so frustrating that he is likely to abandon the search before he receives the help to which he is entitled. Although the State Vocational Rehabilitation Agency is the major place for the disabled vocationally handicapped clients to go for service, many of the unreached potential clients fail to express their needs because the State Vocational Rehabilitation Agency or the visiting rehabilitation counselor is not available over a sufficient time span or close enough to their residence to encourage their seeking service.

The key to the multiservice center concept is that it provides a single location for coordinating service available to residents of a defined neighborhood. Ideally, as many appropriate kinds of services as feasible are located at the center. To be effective a multiservice center must be structured to make rapid, accurate referrals to the appropriate evaluation unit within the facility. Counseling and referral services may be provided by representatives of those agencies which do not offer broader direct services. In more comprehensive models, rehabilitation teams would provide service directly.

39. WITH THE COOPERATION AND SUPPORT OF THE STATE VOCATIONAL REHABILITATION AGENCY, MAJOR REHABILITATION AGENCIES SHOULD DEVELOP RESIDENTIAL FACILITIES REQUIRED FOR CLIENTS IN THE SERVICE PROCESS.

An individual's rehabilitation program and its success is not only affected by the direct service inputs, no matter how broad, but also by the total environment in which the client and/or rehabilitant will function. The client's residence has a direct effect on his ability to receive services and is important in terms of his ultimate adjustment and placement. Three basic housing needs were pointed out by the Advisory Committees: residence facilities attached to rehabilitation facilities, halfway houses, and longer term domiciles referred to as hostels.

As pointed out earlier, localization of services is of utmost importance. Such programming, however, must have a sufficient population base. To be realistic, those individuals must be considered who will not be able to commute to and from service facilities, no matter how localized.

Residential facilities should definitely be attached to the regional rehabilitation centers. These centers will serve the more severely involved clients who will most likely require complete professional management in tandem with vocational services. In addition, their mobility is more apt to be severly limited. For other clients attending such facilities, time and distance can limit access to the facility and prohibit a prescribed daily program.

The halfway house and hostel play a somewhat different but overlapping role in a total rehabilitation program. They both provide living supports during and after a formal rehabilitation program. The hostel has great importance for those without families including our elderly populations. The halfway house affords a bridge to the community for those clients leaving an institutional environment. It can also provide two other important functions. First, it can act as an anchor in the community for those released from institutions who may need periodic support and reinforcement. Second, it can provide a milieu for living which would prevent the necessity of eventual full hospitalization or when full hospitalization or institutionalization is not the treatment of choice.

Within a homelike atmosphere, the halfway house should provide educational and vocational counseling services, group therapy, recreation and social programs extended to residents as well as current clients. The hostel or residence facility offers a more permanent setting. Some individuals may be able to work in either competitive or sheltered employment but because of lack of an appropriate residence and home supports would not be able to participate as employees. These individuals require congregate living and do not have a family to afford this. Isolated living would be either detrimental to their condition or impossible because of it. But, at the same time these individuals would not require the constant supervision of an inpatient medical or extended care facility. Social services should be available.

Traditionally halfway houses have been developed in programs for the emotionally disturbed and mentally handicapped. However, the setting has been applied in programs for addicts, parolees, and alcoholics. Advisory Committee members felt that halfway house services would be beneficial for those clients who have resided in special schools for the handicapped.

40. THE FEDERAL REHABILITATION SERVICES ADMINISTRATION SHOULD REVISE ITS FORMULAE ON CONSTRUCTION GRANTS TO PROVIDE A GREATER FEDERAL SHARE OF CONSTRUCTION COSTS IN THE ESTABLISHMENT OF REHABILITATION FACILITIES.

41. THE STATE SHOULD AUTHORIZE FUNDS TO MEET A PORTION OF THE CONSTRUCTION COSTS OF REHABILITATION CENTERS SERVING ALL THE HANDICAPPED.

There are several government agencies which sponsor and support programs that relate to and are allied with the vocational rehabilitation program. Government programs overlap many of the populations served, services provided, and program goals. The State Vocational Rehabilitation Agency has reciprocal agreements with several but these are basically in operational terms. Some government financial support for the expansion and construction of facilites is provided, but the community and its voluntary agencies are called upon for strong financial commitment. Though the financial resources among communities varies considerably, even the best supported agencies find it difficult to raise adequate capital funds. Generally, income barely matches operating costs. In addition, the present grant structure builds new programs but the responsibility for continuation rests with the new facility. Where competition for funds exist, the new facility is saddled with additional financial problems. For instance, some Community Chest and United Fund programs will not support an agency until it is in operation for at least 2 years. New programs must compete with on-going services for the funding dollar.

42. **A STATE LAW SHOULD BE ENACTED TO DEVELOP AN INSTRUMENTALITY THROUGH WHICH VOLUNTARY AGENCIES COULD BORROW CONSTRUCTION FUNDS AT LOW COST FOR EXPANSION OF THEIR VOCATIONAL REHABILITATION PROGRAMS.**

Even with increased support from state and federal sources the community will still finance a significant portion of the construction programs. Governor Rockefeller has urged the State Legislature to give approval to legislation which would permit the State Housing Finance Agency to provide long-term, low interest mortgages to voluntary agencies, for construction of private hospitals and health care facilities, and rehabilitation facilities for the mentally retarded and mentally ill. Extension of this policy to all vocational rehabilitation facilities and workshops is desirable.

43. **THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PLAN FURTHER ESTABLISHMENT OF NEW FACILITIES AS CLOSE AS POSSIBLE TO THE POPULATION THEY ARE TO SERVE AND SUCH FACILITIES SHOULD BE LOCATED TO TAKE ADVANTAGE OF LOCAL TRANSPORTATION SYSTEMS.**

Large areas of the state now exist without facilities or an adequate number of same. Disabled residents must leave their home communities to receive services. Those who do not have this degree of mobility too often forego services. The availibility or lack of transportation facilities has an effect on the successful outcome of a program, affecting both the client and facility rendering service. Problems exist in urban and suburban as well as rural areas. Therefore, the location of a facility to serve a given area should be a function of the accessibility of this facility by public or other devised transit systems.

44. **THE STATE VOCATIONAL REHABILITATION AGENCY WITH REPRESENTATIVES OF THE REHABILITATION COMMUNITY SHOULD ESTABLISH AND MAINTAIN STANDARDS FOR THE EVALUATION AND APPROVAL OF REHABILITATION SERVICES AND FACILITIES.**

As the State Vocational Rehabilitation Agency becomes more dependent upon the community for services, so too must it accept expanded responsibility for assisting the community to upgrade both general and specialized services to improve quality, and develop a comprehensive program. We conclude then that the establishment of standards and approval procedures are necessary.

Existing standards to some degree could be used to evaluate services, personnel, and facilities. There are several standard setting bodies on a national and statewide level, but as yet compliance to the criteria is optional and often requires a fee for the accreditation procedure by the nonprofit accrediting agencies. Standards vary depending upon the accrediting or administrating agency. This is true even among publicly supported programs. For example, speech and hearing clinics under the supervision of the New York State Health Department are required to provide complete audiological testing before a hearing aid is recommended, but the Medicaid program does not require this essential service. The State Vocational Rehabilitation Agency presently imposes standards on itself in relation to the kinds of service necessary for clients, whether purchased or not. A minimal set of standards which the State Vocational Rehabilitation Agency currently applies to workshops when grant applications are being considered, needs to be expanded.

This process, however, should be a joint undertaking of government and private agencies with representatives of professional groups and community leaders participating in the development of the appropriate criteria. Where standards have been established by recognized national and/or state bodies and are acceptable to the State Vocational Rehabilitation Agency and its advisory committees, they should be used. All standards and approval procedures should be published and distributed to all agencies involved in the delivery of vocational rehabilitation services.

Staff and program standards should be developed for specialized service agencies, vocational training facilities, and the vocational diagnostic and evaluation services in hospitals.

Rehabilitation agencies offering selected or specialized services could be approved if standards are met for such services. However, the State Vocational Rehabilitation Agency would encourage and support such agencies to expand and improve the quality of all their services to meet minimum standards. The application of fixed standards would encourage comprehensive programs and assure quality service for clients.

45. ALL APPLICATIONS FOR WORKSHOP AND FACILITIES GRANTS SHOULD BE REVIEWED AND CONSIDERED IN COOPERATION WITH THE STATE VOCATIONAL REHABILITATION AGENCY DESIGNATED ADVISORY BODIES.

Presently, there is a small state advisory committee for the Bureau of Facilities. These members come from the several regions of the State. A local advisory body engaged in continuous review of local problems and needs is in an excellent position to advise on the continuing and future expansion of facilities within the community. The local advisory bodies should also be involved in the setting of priorities and grant requests.

Architectural Barriers

"An estimated 2.5 million New Yorkers are in some way limited in their ability to move about and use public facilities. People in wheelchairs, or with leg braces and artificial limbs; individuals suffering from heart conditions, and those who are blind and aged find that flights of stairs, curbs, revolving doors, out-of-reach drinking fountains and telephones, narrow doorways and inadequate rest room facilities and other similar restrictions tend to deny them free access to buildings in which they otherwise might pursue valuable business, vocational, educational, social and recreational objectives.

"Statistics of the National Safety Council indicate a yearly increase in the number of persons becoming disabled due to a wide variety of accidents. Millions of dollars have been spent in rehabilitating the handicapped so that they may become self-supporting and productive members of our society. Every year, automobile and industrial accidents, strokes, arthritis, nerve disorders, cardiac problems, old age and many other problems add to the list of handicapped."[29]

Recommendations

46. THE STATE OF NEW YORK SHOULD FURTHER ENCOURAGE AND STRENGTHEN BUILDING REQUIREMENTS WHICH ELIMINATE ARCHITECTURAL BARRIERS FOR THE HANDICAPPED.

Former Vice-President Humphrey, speaking to the President's Committee on Employment of the Handicapped in 1968, on the effects of being handicapped said:

> "The meanest, most thoughtless disqualification was a man or a woman in a wheel chair being denied entrance to a building - or a bathroom - because it had steps or because the door was too narrow. Disqualification was a handicapped person being denied the right to be useful because our whole system of mass transportation depended on being able to climb stairs. . . A lot of the architectural barriers - ruins of the old ideas still remain. A brilliant, attractive 18-year-old boy who came to Washington with his family for Easter vacation this year didn't get up into the Lincoln Memorial or as close as he wanted to John Kennedy's grave because he must live on a litter and it couldn't be wheeled up the steps."

It is suggested that state and local governments encourage building codes which emphasize the importance of eliminating structural barriers. All the recommendations from the Regional Reports seem to infer that only laws will be effective in this area.

Other means to bring about change would include introducing architects, engineers, and representatives of the construction industry to vocational rehabilitation planning to utilize their expertise and to increase their awareness of the effects of architecture on the handicapped. Other groups and individuals could effectively participate in such a twoway sharing of understanding - medical personnel, voluntary rehabilitation agency personnel, transportation officials, and private businessmen. All have much to give and gain by such participation.

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[29] Making Facilities Accessible to the Handicapped: Performance Criteria, State University Construction Fund, 1967, p. 11.

The following excerpts are from Design for all Americans.[30]

> Not only the handicapped but All Americans are demanding environmental improvement. Air and water pollution, slum housing, unsafe streets and highways have become the theme of countless conferences. The creation of Model Cities has become a national goal, backed by federal legislation and funds. Environmental improvement is indeed 'an idea whose time has come.'
>
> A vital part of such improvement must be for the benefit of the growing proportion of handicapped and elderly people in our population. Two facts underscore the need:
>
>> More buildings, according to the American Institute of Architects, will be built in the United States between now and the year 2000 than were built here in the nearly five centuries since Columbus discovered America.
>>
>> Due to medical and rehabilitation advances, the number of aged and disabled people in the population is steadily increasing and fewer of them are housebound.
>
> Inevitably, there will be more handicapped people and they will need more buildings to use in common with everyone else. Therefore, now is the time to influence the decisionmakers who plan for, design, finance and control construction of the buildings, recreational areas and equipment that will be used in the years ahead. Now is the time for national decision so that our schools, libraries, hospitals, art galleries, theaters, stadiums, dormitories, residences and transportation systems will be accessible to all.
>
> The modern man-made environment is designed for the young and healthy. Yet almost everyone, sooner or later, is handicapped by a chronic or temporary disability or by the infirmities of old age. By designing for the ideal human body, we bar real people from getting an education, earning a living, becoming a part of active community life. More than 20 million Americans are built out of normal living by unnecessary barriers: a stairway, a too-narrow door, a too-high telephone. At the right moment, their needs were overlooked. In time, the last vestiges of such thoughtlessness will disappear from the American scene.

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[30] A Report of the National Commission on Architectural Barriers to Rehabilitation of the Handicapped, 1967. pp. 1,2.

The greatest single obstacle to employment for the handicapped is the physical design of the buildings and facilities they must use.

One out of ten persons has some disability which prevents him from using buildings and facilities designed only for the physically fit. Among this one-tenth of the population are two million children with orthopedic handicaps; millions of adults who are enfeebled by age or who have heart disease, arthritis, deafness, blindness, and other chronic disabilities. Over and beyond the handicapped, one-tenth of the nation are the millions temporarily disabled by accidents who could return to school or work sooner if buildings were designed for accessibility.

In every community, virtually all of the buildings and facilities most commonly used by the public have features that bar the handicapped.

The most common causes of inaccessibility are due entirely to failure to think of the needs of the handicapped at the design and planning stage.

New facilities built and equipped to accommodate the handicapped cost little or no more to construct than buildings designed only for the abled bodied.

Many old buildings could have some of their barriers removed at nominal cost.

A fresh reservoir of competent employees can often be reaped or new customers obtained by adding just a few accessibility features.

Many improvements made to accommodate the handicapped also add to the safety and convenience of the able bodied.

Any building can be made accessible to the handicapped with little or no loss of space and without detracting from its usefulness for the able bodied. [31]

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[31] Ibid, pp. 3, 4.

TRANSPORTATION

Under even the most ideal conditions all services could not be so located as to eliminate the need for special transportation accommodations for a substantial number of clients. Since the situation at present and in the foreseeable future is far from ideal, transportation problems require serious and immediate attention. Examination of the Regional Reports and statements from rehabilitation agencies, analysis of utilization patterns of facilities, and observations of the locations of various services in relation to population distribution are justifications for assuming that the lack of adequate transportation is a major factor in the general inaccessibility of services at present. It is also apparent that facilities and the disabled themselves view transportation as one of their most pressing problems.

It would seem at first glance at the many highways, buses, and subways that public transportation is well enough developed to provide access to most rehabilitation facilities. A number of other factors when considered indicate that access is not the general rule. First, it should be remembered that most elements of service programs are located in the larger urban areas. For the disabled in the smaller cities and towns, services may be quite distant; in the rural areas services may be remote or nonexistent in practical terms. Secondly, it must be noted that the only public route, giving access to most facilities, is the highway. The nature of many disabilities does not permit the afflicted to drive an automobile. A third point to note is that while buses, subways, and trains are available, the disabled cannot always use them. In addition to the obvious example of the wheelchair bound individual, there are such others as the cardiac case who may be advised to avoid exertion of using public conveyances. In this connection, there are the young children and oldsters who cannot use public conveyances without being escorted.

While there are many disabled who can drive themselves or can be driven to services, and many who can use public conveyances, there are still many who cannot. Some special accommodations are made by some rehabilitation agencies. The State Vocational Rehabilitation Agency, for example, will pay for taxi and limousine service if the client meets an economic needs standard. Other agencies may use volunteers to shuttle clients, or may have their own transportation services. But these methods are quite inadequate in scope compared to the need which exists. There are a number of avenues which should be explored to correct this pressing problem. It will be of small value to develop comprehensive programs if there is no way for clients to get to them, or if the inconvenience is a deterrent.

Recommendations

47. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD STIMULATE THE CONCERTED EFFORT OF APPROPRIATE STATE AND LOCAL AUTHORITIES TOWARD DEVELOPING PLANS THAT WOULD RESOLVE THE TRANSPORTATION PROBLEMS OF THE DISABLED.

All levels of government involved in transportation and all rehabilitation agencies, both public and private, should participate in this study. Every agency and facility providing rehabilitation service should be asked to describe the nature and degree of transportation problems of their clients. It is apparent that proper planning and coordination will be necessary to bring about adequate solutions.

48. THE STATE REHABILITATION AGENCY SHOULD WORK WITH AUTHORITIES AND ORGANIZATIONS TO REMOVE ARCHITECTURAL AND DESIGN BARRIERS EXISTING IN PUBLIC CONVEYANCES AND DEPOTS TO MAKE VEHICLES AND SYSTEMS USABLE BY MORE DISABLED PERSONS.

Public transportation systems may be adapted to aid the disabled without much disturbance to the regular clientele. Once the plight of the disabled is brought to their attention, officials of public transit authorities and private companies should be quite willing and able to make necessary modifications in their policies and vehicles and to suggest other creative solutions themselves. Bus routes may be easily changed or expanded to provide direct access to rehabilitation facilities. Modifications in bus and railway car construction and in subway entrances and platforms would greatly affect their use by the disabled.

Subways need to be changed in several ways; examples include an alternative to the turnstiles, and necessary modifications in the platforms, stairways, and car doors. Buses and trains could be modified to accommodate many of the handicapped. In one city, for example, a bus company was persuaded to lengthen the route of one of its bus lines to include a rehabilitation facility along part of its daily run. Intracity and intercity bus lines may become a great resource if they can be routed to or near rehabilitation facilities. Financial incentives and charter changes should be offered to bus companies if necessary.

Regardless of how much change can be brought about in the sphere of public conveyances, it will still be necessary and desirable for many rehabilitation facilities and agencies to develop and/or operate their own transportation services. Wherever possible, agencies should work together in this area.

49. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE AS NECESSARY FUNDS IN SUPPORT OF VOLUNTARY AGENCY OPERATED TRANSPORTATION SERVICES.

Where facilities are unable to purchase automobiles, other solutions should be sought. Changes in the present grant practices are being recommended so that funds can be spent by the facility to develop and operate its own transportation service or one in conjunction with another facility or agency. A criteria for grant approval should be the existence of appropriate transportation capacity with the grantee agency or the community to ensure accessibility of the facility. This practice would encourage and effectuate more efficient utilization patterns by a broader section of disabled clients.

Agreements might be reached with a school district for the use of their buses at off school hours. Developing car pools staffed by volunteers may be another solution. In some cases, the agency may find that the best solution will be to purchase automobiles or buses either by itself or in partnership with another agency or facility. The State Vocational Rehabilitation Agency should encourage and support new approaches to the transportation problem of the handicapped.

50. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND SUPPORT THE DEVELOPMENT OF MOBILE REHABILITATION UNITS TO BE INCORPORATED INTO THE SERVICE SYSTEMS OF APPROPRIATE AGENCIES.

Even with facility transportation systems well developed to bring clients from their homes to rehabilitation services, there will remain significant numbers of people requiring service who live too far from the facility to make these systems practical. These people are located mainly in the rural areas or in areas remote from present facilities. New methods must be tested to see if service capabilities can be expanded. "Rehabmobiles," or mobile rehabilitation units have been strongly urged by every region of the state including New York City as a means of reaching those in need of service for whom existing facilities are inaccessible. Rural populations in particular are at a disadvantage in getting to services. The rehabmobiles would be staffed by itinerant teams of professionals who would visit remote communities on a regular basis in a mobile unit adequately equipped for services not available locally. Services provided by mobile units might include diagnostic service, physical and psychiatric therapy, counseling and clinical services, and any others which are feasible for a traveling unit.

The concept of the rehabmobile should be implemented and conducted in such a way that there is strong identity with local facilities to encourage participation in established programs and workshops. Hopefully, such services would bring the client to a level of functioning so that he may attend regular facilities for service. For those unable to achieve this goal, a homebound work program would be an alternative.

51. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH OTHER APPROPRIATE AGENCIES SHOULD DEVELOP AND PROPOSE LEGISLATION THAT WOULD ASSIST THE DISABLED INDIVIDUAL IN GAINFUL EMPLOYMENT, TO MEET EXTRAORDINARY EMPLOYMENT TRANSPORTATION COSTS.

Although the State Vocational Rehabilitation Agency does fund a client's transportation by paying the vendor for this service during the rehabilitation process, it does not participate in such funding when the client is employed and has extraordinary expenses in traveling to and from his place of employment. It has been the experience of many severely disabled workers that they spend the major portion of their income for transportation to and from employment. Thus, with the exception of the unusually motivated individual, many of the disabled lose interest in employment because of these costs. Extraordinary transportation expense incurred by the severely disabled in traveling to and from employment should be recognized in the form of tax abatements. This would encourage the rehabilitated individual to fully utilize his newly acquired skills.

Handicapped persons may be receiving only a marginal income because of their handicap, or can find employment only in sheltered workshops or work activity centers. For these persons the cost of transportation to and from employment may reduce income enough to deter them from working. Providing some relief to the transportation problem gives acceptance to the principle that it is much better for the handicapped person to be employed outside the home, even if outside employment requires special transportation.

MANPOWER DEVELOPMENT AND UTILIZATION

A major obstacle to a smooth service delivery system is the shortage of manpower - an obstacle which will take on increasing dimensions with anticipated expansion of services. All the health and helping professions contributing to the rehabilitation of individuals are experiencing shortages in skilled staff. Perhaps rehabilitation counseling, the profession most central to vocational rehabilitation, is one of the most hard pressed. The State Vocational Rehabilitation Agency, one of many community employers of vocational rehabilitation counselors, does not have a full complement of staff. As both state and private agency programs expand, the gaps will increase. The eight universities in New York State with present capacities and programs in rehabilitation counseling may not be able to meet this need, and it can be anticipated that the number of other trained professional personnel allied to the vocational rehabilitation field will also not be available by 1975.

There is some feeling that the shortage of manpower is not due solely to the numbers of people available but is due to training and utilization. Many of the helping professions are calling for increasing specialization. This is evidenced by longer periods of study, educational content, and the number and nature of professional organizations. On the other hand, after such extensive and intensive training the professional is required to perform many duties that do not require such levels of expertise.

Some direct action has been taken to ameliorate this problem out of necessity and practicality. Several professions have accepted and provided for the utilization and training of paraprofessional personnel. There is a scattering of undergraduate programs in conjunction with on-the-job training which prepare personnel with skills to perform at a level which once utilized personnel with graduate training.

These trends, which coincide with increased government support to education, provide an excellent springboard to solving our manpower problems. New York State continues to develop and strengthen its university systems. A major construction program is underway throughout the state. The program includes expansion of existing facilities and the establishment of new ones. The state and local communities continue to develop and strengthen the network of two-year community colleges which are in a unique position to respond to local manpower needs. Private colleges also receive support for training of graduate level students in all fields. And, in addition, government support to students continues to increase.

Recommendations

52. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE THE LEADERSHIP TO ORGANIZE AND DEVELOP AN ADVISORY REHABILITATION MANPOWER PLANNING COUNCIL.

A major task lies ahead. The solution to the manpower problem rests with the combined, coordinated efforts of government and private rehabilitation agencies and the colleges and universities. All are concerned with the recruitment of students, reappraisal of the educational curricula and the programs that train professional and paraprofessional personnel. The agencies responsible for providing rehabilitation services are of necessity those most directly affected by manpower shortages. Because they are so close to the problem they are in the unique situation of being able to identify the factors contributing to shortages, suggest new careers in support of professionals, and recommend alternative approaches.

The public university systems of the State of New York (SUNY and CUNY) and the private colleges and universities need to expand and develop training programs for all levels of rehabilitation personnel. The State Education Department has a direct interest and involvement in these training programs both through its Vocational Rehabilitation Program and its Higher Education and Professional Education activities. The public university system has both a unique responsibility and opportunity to be in the forefront in this development. Through the network of two-year community colleges and technical schools, four-year colleges and university centers, the public university can provide appropriate training programs for all levels of rehabilitation personnel. However, there is a need to establish a Manpower Planning Council to assure coordination of efforts.

This Advisory Rehabilitation Manpower Planning Council should consider: programming for professional and aide positions, development of a common core curriculum in the helping professions so that an interprofessional experience would be given early emphasis, college credit for appropriate work experiences, and an interchange of staff between service agencies and universities.

Therefore, a Council, advisory to the Assistant Commissioner for Vocational Rehabilitation, constituted of representatives of the Education Department, public and private university systems, appropriate state and local agencies, and professional societies should be established to advise in matters relating to development and utilization of rehabilitation manpower.

53. THE STATE VOCATIONAL REHABILITATION AGENCY AND VOLUNTARY AGENCIES SHOULD COOPERATE WITH PUBLIC AND PRIVATE HIGHER EDUCATION SYSTEMS TO INCREASE ENROLLMENT IN REHABILITATION TRAINING PROGRAMS.

An extensive public education program is necessary to inform the general public of the nature and opportunities in the rehabilitation disciplines. Special recruitment techniques should be developed to interest professionals and women to enter the labor force. Personnel from allied fields should be encouraged to continue their education within the rehabilitation field.

54. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP MORE ADEQUATE CRITERIA TO MEASURE THE QUALITY OF PERSONNEL PERFORMANCE.

55. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP CRITERIA FOR EVALUATING ITS EFFECTIVENESS BOTH IN TERMS OF SERVICES RENDERED AND REHABILITATIONS ACHIEVED.

The number of "cases handled" and "cases rehabilitated" are worthwhile measures for statistical and general administrative purposes. These measures, however, do not reflect the nature of the rehabilitation process, the varying needs among clients, and the various other essential activities of counselors. Service needs differ among disability groups, and even within a disability category, severity of handicap differs. An expanded work force and additional services of the state program will require revision of evaluation criteria. Support personnel cannot be judged by cases rehabilitated. Their functions will necessarily change the nature of counselor activity. In addition, the State Vocational Rehabilitation Agency involvement in the evaluation and adjustment service as related to Section 15 of the Federal Rehabilitation Act (P.L. 90-391) will also call for changes in the traditional measures of program and service effectiveness. The State Vocational Rehabilitation Agency will have to develop an expanded series of criteria for measuring agency and personnel effectiveness.

56. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP ADDITIONAL INSERVICE TRAINING EFFORTS TO UPDATE SKILLS AND ACCOMMODATE THE PENDING EXPANSION OF ITS PROGRAMS.

Changes in the field of rehabilitation are occurring rapidly. New techniques and methodologies for providing services are implemented every day. This development combined with the increasing demand for professionals, requires opportunities for continuing educational experiences in the implementation of career ladders. As programs expand to reach greater numbers of clients and to serve more diversified and severely disabled groups, counselors and support personnel will require new knowledge of special approaches and techniques to meet special needs. Personnel working with the disadvantaged will require sensitivity training to assure successful rehabilitation.

57. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE PROMOTIONAL OPPORTUNITIES TO COUNSELORS WHICH WOULD PERMIT THEM TO ADVANCE WHILE FUNCTIONING IN A DIRECT SERVICE CAPACITY.

The majority of rehabilitation counselors employed by the State Vocational Rehabilitation Agency are professionally trained individuals who have spent substantial periods of time obtaining highly specialized skills in the treatment of disabled clients. Under the present system, the counselor finds the only opportunity for advancement is to move to an administrative position. This personnel practice removes the experienced counselor from the direct service staff, further depleting the manpower resource. Obviously, opportunities for counselor advancement should be provided without necessitating their leaving the counseling ranks. Appropriate professionals, in addition to that of vocational rehabilitation, should be used more extensively to fill administrative and management positions. This will increase the pool of available trained manpower for these roles.

58. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AN EXPANDED, INTENSIVE RECRUITMENT PROGRAM TO ATTRACT PERSONNEL AT ALL LEVELS.

Experience has shown that one of the reasons for the shortage of manpower in the rehabilitation field is the limited information available to potential recruits about careers and job openings. Therefore, an effective recruitment program should place emphasis on public information. Representatives should expand their visits to college campuses to hire graduates and to attract undergraduates to programs in the field. Representatives already visiting high schools to receive referrals may also develop student interest in both professional and nonprofessional careers in the health and rehabilitation fields. The State Vocational Rehabilitation Agency should encourage summer work experience for high school students and initiate the use of volunteers.

59. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE THE FEDERAL REHABILITATION SERVICES ADMINISTRATION TO PROVIDE EXPANDED FINANCIAL SUPPORT TO VOLUNTARY AGENCIES COOPERATING IN TRAINING PROGRAMS NECESSARY TO THE DEVELOPMENT OF MANPOWER IN THE REHABILITATION FIELDS.

Instituting training programs in voluntary agencies will be necessary to conduct internship programs coordinated with colleges and universities, hold on-the-job refresher and retraining programs for professionals returning to the work force, and provide inservice training for upgrading staff. These training programs will require employing skilled instructors and will also require service staff to spend time in a supervisory capacity. These factors will increase costs to the private agencies. A portion of such expenses should be met through the training and rehabilitation sections of the Vocational Rehabilitation Act.

60. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH CAREER LADDER SYSTEMS TO ENHANCE THE RECRUITMENT AND DEVELOPMENT OF PERSONNEL.

Because there are not enough professionals available to expand staffs on a large scale, intensive efforts must be directed toward the development of a career ladder system within which support and professional personnel can advance. Career ladders would help meet selective manpower needs and provide mobility in the work force. Such ladders would enable professional service personnel to concentrate in their specialized activities and be supported by those in new job titles. In this regard, state and federal rehabilitation training grants should be extended to include all career ladder positions.

Entry levels should exist for individuals with high school, and community college education, and for college graduates and possessors of advanced degrees. These career ladders must be tied into education ladders for which appropriate curricula should be developed. Within a career ladder, positions with appropriate salaries should be developed in such a manner as to recognize educational achievement, job experience, and work performance. The system should provide an opportunity for those entering upon the lowest levels to advance to the highest. Time, funds, and other appropriate provisions for continuing education should be included to permit staff to move upward as far as they are able and interested. In many fields of employment, staff could perform at higher levels if the required education were more easily attainable. Providing opportunities for full-time, part-time, and extension study will help upgrade personnel.

The development of career ladders must be conducted in a spirit of experimentation and freedom from unnecessary restriction and with the cooperation and aid of appropriate unions, professional organizations, and the Civil Service Commission. Administrative practices should include longer probationary periods, intensive in-service training programs, and new methods of supervision.

61. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD RECRUIT AND UTILIZE SUPPORT PERSONNEL.

Many related professions are turning more and more toward support personnel to close the gap in the manpower shortage. Support staff require less formal training but can render meaningful service under the supervision of the professional. The support person could perform many of the administrative details, and by so doing, permit the professional to devote a greater portion of his time to the client. The support position need not be terminal. To be upgraded, the individual, in the role, would have to meet the necessary academic requirement and personal characteristics for higher support positions including the professional level.

Support personnel should play an effective role in all phases of the State Vocational Rehabilitation Agency's Program. Outreach functions would include maintaining contacts with referral services, and assisting the counselor with new referrals. During the intake process, support personnel might orient the client or groups of clients to the program, contact sources for required records and related information, and arrange for appointments. Support personnel would be involved in and keep abreast of the client's progress, and inform him of his status and provide feedback to referral sources. Support staff would also assist in job placement and follow-up functions.

The State Vocational Rehabilitation Agency, with the cooperation of the Civil Service Department, should begin an analysis of the counselor function to develop duties for support personnel as they relate to the counseling function.

62. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST VOLUNTARY REHABILITATION AGENCIES IN THE EMPLOYMENT OF SUPPORT PERSONNEL.

Although the State Vocational Rehabilitation Agency has been assisting voluntary agencies through the Rehabilitation Workshop Support Program, support personnel have usually not been included in such grants. With shortages of key professional personnel in the health fields, it becomes imperative that greater use be made of support personnel. Job descriptions should be developed to supplement the work force capability among voluntary agencies.

63. THE STATE VOCATIONAL REHABILITATION AGENCY STAFF SHOULD INCLUDE SPECIAL PROGRAM CONSULTANTS TO DEVELOP AND COORDINATE ALL PROGRAM AREAS IN THEIR SPECIALITY.

Special recommendations have been offered for increased program development for several disability groups. Some of these are related to special needs of individuals with specific disabilities such as the deaf, mentally retarded, and mentally ill. Other recommendations pertain to groups who are set apart because of age, social condition, or mobility. These include the disabled youth, corrections, aging, homebound, and disadvantaged groups. These consultants would be responsible for assisting with the establishment of programs. The State Vocational Rehabilitation Agency does not presently have the manpower available to provide expanded effort in these areas. Program consultants would participate in setting program goals and policy and be responsible for assisting local offices. They would act as the agencies liaison with other state units to facilitate the coordination and planning of programs dealing with mutual concerns. They would function as consultants to private and voluntary agencies, assisting them in the development of new or expanded programs. The program consultant would participate in developing appropriate materials for the inservice training program for professional and support personnel in the area of concern.

CONTINUED PLANNING AND RESEARCH

Recommendations in this plan will require more detailed programming before implementation. Such implementation will require the combined effort of the State Vocational Rehabilitation Agency and other public and private agencies and community representatives. Though the State Rehabilitation Agency does provide counseling, guidance planning and placement and follow-up service directly to clients, the agency has traditionally relied upon community resources, public and private, from which they obtain or purchase all other services required by the client's rehabilitation plan. The State Rehabilitation Agency at this time does not itself maintain and operate facilities in which such services are delivered. However, the State Agency has helped local agencies to initiate and develop services through consultation and the administration of the various federal and state grant programs.

As a result of this policy, the local services and programs available to State Rehabilitation Agency clients may vary among geographic areas in the numbers and kinds of individuals with handicapping conditions that can be served and the degree of comprehensiveness of program. Services and facilities must be expanded if they are to reach the goal set for 1975. It is also felt that expansion must continue to be a cooperative public and private effort based upon a commonly accepted philosophy and set of priorities that would serve the disabled in accordance with federal-state laws and regulations. Thus, expansion would be a function of serving specific populations in the following order of emphasis:

1. Where the goal of service for the handicapped leads to gainful employment. (Included in this group are those socially and/or culturally disadvantaged who although non-disabled are vocationally handicapped and in need of diagnostic evaluation, vocational planning, and adjustment services as a prelude to vocational training.)

2. Consultation and commencement of services to disabled children and youth aimed at eliminating, reducing or containing the disablement as a future vocational handicapping condition.

Similarly, the State Rehabilitation Agency policy toward integration of community services and their expansion would be based on the following guidelines:

1. Utilize local resources that are available without fee and then those with fees for service.

2. Assist and support the local community to develop its own resources.

3. Develop and operate a state facility in a community unless the community can or is willing to assume responsibility for same.

4. Develop a state service facility or facilities for special purposes such as research, standards development, and study of special problems.

Recommendations

64. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INCLUDE WITHIN ITS ORGANIZATION AN ADEQUATELY STAFFED PLANNING UNIT.

The implementation of this plan will require major organizational and structural changes within the State Rehabilitation Agency. Management procedures and practices will have to be reviewed to make operations more efficient and responsive to the goals of the new agency. A capacity for continuous and long-range planning must be maintained. Therefore, an adequately staffed planning unit, under the direct supervision of the chief agency administrator, is needed.

This unit would be responsible for all planning activities and coordination of research. The planning unit would assist in the development of reporting and information retrieval systems providing ready access to data on clients, available services, and program expenditures. The unit will be responsible for conducting systems studies and analysis aimed at expediting client movement, reducing processing time and service gaps and integrate facility surveys and facility expansion in planning. The unit will be responsible for annually updating plans towards meeting agency objectives.

The planning staff will consult on research grant proposals and on research designs. The unit will undertake or arrange for studies aimed at improving and developing rehabilitation programs and serve as a clearing house for the distribution and implementation of appropriate research finding.

A major responsibility of this unit will be the coordination of the permanent local, regional, and statewide citizen advisory bodies. The planning staff will provide the liaison between the State Vocational Rehabilitation Agency and with other state agencies and state planning commissions. It will maintain liaison with various federal agencies concerned with the delivery of rehabilitation services.

65. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH AND UTILIZE ADVISORY BODIES FOR POLICY AND PROGRAM DEVELOPMENT.

The Advisory Committees have made significant contributions to this planning project. In essence, this plan is their plan. Not only have they brought into proper focus the problems which confront us, but they have expressed a strong desire to be continuously involved in finding solutions. The State Rehabilitation Agency must continue to seek and encourage the expert advice of the community if it is to effectively expand vocational rehabilitation as a community-oriented and community-based program.

Community participation through advisory committees would enable the State Rehabilitation Agency to benefit from the views, insights and expertise of those individuals delivering and receiving services. The various advisory bodies should exist within a local, regional and State structure relating to the several operating levels of the State Agency. The membership would consist of a cross-section of service consumers, service deliverers, professional organizations, labor and management, and community leaders, lay and professional. Each committee must be provided with staff and support to carry out its activities.

The advisory committees would have the responsibility for exerting local leadership in the implementation of the overall plan as it pertains to local and regional concerns. Advisory committees would be involved in the development of standards and criteria, facility and service expansion, and assist in suggesting priorities for program implementation. In addition to the advisory bodies concerned with overall planning, the State Vocational Rehabilitation Agency should develop special resources to advise on programs for specific disability groups. Such resources could be involved in developing indices of functional disability, consult on research proposals, and assist in developing in-service training programs for staff assigned to handle specific groups.

66. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP IMPROVED COMMUNICATION NETWORKS TO INSURE THE INVOLVEMENT OF THE PROFESSIONAL STAFF AT ALL LEVELS IN POLICY FORMULATION, PLANNING, AND PRACTICES.

Increased opportunity for counselors to share in planning and decision making is generally desirable for the enhanced professional image of the counselor himself, and of the agency. Involvement of counselors in Agency discussion of issues and problems would enhance identification with Agency goals. In addition, this team effort with administration could be effective in the professional development of staff in making changes with the Agency easier, as well as promoting retention in career positions within the Agency network of services. Such practices and opportunities will help counselors develop a viable professional identify through involvement in the issues that are being faced by the Agency and the larger profession. Expansion of attendance and involvement in professional meetings and activities are necessary if counselors are to achieve professional self-respect and respect from other professionals outside the field.

People who identify themselves as professionals usually strive for increased control over their jobs, impact upon the policies of the organization they work for, and to be "in the know" regarding future plans of the organization. As pressures for change in the State Vocational Rehabilitation Agency increase, it may be predicted that a variety of pressures and problems will fall upon the shoulders of the local counseling and administrative staff. Receptivity and involvement will depend on how plans are presented. Communication, participation and feedback, would facilitate shared planning and aid in the development of positive attitudes and effective work among all levels of staff.

It is especially important for chief administrative officers to anticipate and plan for alleviation or meeting areas of future stress. Therefore, the State Vocational Rehabilitation Agency should expand its channels of communication to systematically explore attitudes and areas of concern of its counseling, supervisory and other staff as soon as possible.

67. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK WITH AND BE REPRESENTED ON OTHER APPROPRIATE STATE PLANNING BODIES CONCERNED WITH HEALTH, SOCIAL, AND REHABILITATION AFFAIRS.

A number of state agencies and special commissions are concerned with the habilitation and rehabilitation of populations served by the State Rehabilitation Agency. Presently, the regional delineations of one planning group differ from those of another. Inherent problems of interagency coordination are compounded by this factor. Not one of the four planning project regions or their districts were geographically homogeneous enough to represent a locale for the delivery of services. However, within each of the regions homogeneous areas do exist that can be so defined. In some instances, the homogeneous or natural service areas may be defined within a political subdivision of the state; in others a natural service area may not conform to political boundaries.

The establishment of coterminous regional boundaries would facilitate the coordination of the State Vocational Rehabilitation Agency planning efforts, thereby promoting full integration of public and private resources. Presently, many community people and agencies are involved with or called upon to relate to several government agencies. The frame of reference for planning depends upon which group they are dealing with. If regional boundaries for state planning were the same, community groups would become more cohesive, and their burden of coordinating programs and services on the local level would be lessened.

Because of the nature of the rehabilitation program, interagency cooperation on a variety of levels is essential. This is especially true in planning. The State Vocational

Rehabilitation Agency needs to be adequately represented on appropriate state and local planning commissions and bodies that are concerned with improving delivery of services for people in need. Not only would this enable the State Vocational Rehabilitation Agency to add its resources to the family of agencies, but in turn new relationships would emerge which would be beneficial to the community. This is especially true today with the myraid of related programs that are attempting to ameliorate some of the major concerns of the day.

68. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH THE REHABILITATION COMMUNITY SHOULD SPONSOR A PERIODIC CONFERENCE ON REHABILITATION WITH THE INITIAL CONFERENCE IN 1970-1971 TO ASSESS THE STATE PLAN AND ITS IMPLEMENTATION.

As a result of the planning effort, representatives from a variety of public and private agencies throughout the state met to discuss local and statewide concerns in the area of vocational rehabilitation services. The culmination of their efforts is this statewide plan. The participants felt the need to follow up this planning effort with periodic conferences to assess what had been accomplished and to recommend appropriate new directions. Such a conference would bring together the family of disciplines in the rehabilitation field and to extend the cooperative spirit which has been furthered as a result of this planning effort. Currently, no single conference focuses on rehabilitation concerns across major disciplines. Such a meeting would be to bring together representatives from a variety of fields to discuss and attempt to resolve the broad concerns in the field of rehabilitation on a preventive and service basis particularly the application of the services of the helping professions.

Research

69. WHILE THE STATE VOCATIONAL REHABILITATION AGENCY CONTINUES TO SUPPORT EXPANSION OF COMMUNITY RESOURCES TO ASSURE THE AVAILABILITY OF SERVICES FOR CLIENTS IT SHOULD ALSO OPERATE FACILITIES FOR CONDUCTING RESEARCH AND PROVIDING TRAINING.

The policy of the State Vocational Rehabilitation Agency has been to use its limited resources for the purposes of assisting the community to develop its capability to provide service in the local area. This policy is sound and should be continued. However, it needs to be augmented by the addition of special facilities operated by the state for the purpose of conducting research and/or training.

Such facilities would be used as experimental centers to further man's knowledge in the treatment of handicapping conditions and to experiment with new methods for providing services. Pilot programs could be instituted in such facilities thereby assuring a constant infusion of new ideas and approaches. Such a facility could become a depository for special research reports primarily concerned with rehabilitation matters as well as a center for field training for a variety of disciplines in the health field. Such a facility should be used purely in an experimental sense and not for the purpose of long-term treatment or care.

70. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONDUCT STUDIES AND ENCOURAGE AND SUPPORT COMMUNITY RESEARCH ACTIVITIES SO AS TO INCREASE KNOWLEDGE AND IMPROVE TECHNIQUES BASIC TO MEETING THE NEEDS OF THE HANDICAPPED.

Over the years the Rehabilitation Service Administration has supported basic research in a variety of rehabilitation-related fields. This activity should be expanded and encouraged. Although the state does review research proposals funded by the federal rehabilitation agency the decision and authority remains exclusively with the federal government. The State Vocational Rehabilitation Agency should be given authority to fund research proposals in line with primary program responsibilities.

71. THE STATE VOCATIONAL REHABILITATION AGENCY WORKING WITH APPROPRIATE ADVISORY COMMITTEES AND CONSULTANTS SHOULD DEVELOP APPROPRIATE STANDARDS FOR FACILITIES, INCLUDING PROGRAM SIZE.

To assure quality service it is essential that standards be established. This will become an ongoing function of the State Vocational Rehabilitation Agency in cooperation with local advisory committees and consultants.

Facility planning must be based on the most efficient use of manpower and funds. Expansion of one program can eventually lead to a point of diminishing returns. When a well-developed program reaches "optimum size," consideration should be given to establishing or expanding other facilities which more adequately relate to the residence of clients, the service needs of the community, and the changing needs of industry.

72. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD STUDY VARIOUS METHODS TO DEVELOP MORE MEANINGFUL STATISTICAL INFORMATION ON DISABLED POPULATIONS IN ORDER TO EFFECTIVELY PLAN FOR VOCATIONAL REHABILITATION SERVICES.

The comprehensive planning efforts clearly demonstrated that adequate statistical data describing disabled populations is not available in this state or the nation. Hopefully, the 1970 census will provide some additional insights regarding these populations. However, to effectively assess and plan for programs, it is imperative that better statistical and estimating techniques be developed. It is recognized, however, that continued census is not the most economical way of obtaining this information. To assist decision makers, statistical sampling techniques should be developed and periodic testing undertaken to develop estimates of these populations.

73. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD DEVELOP AN INCREASED CAPABILITY TO CONDUCT ONGOING OPERATIONAL RESEARCH.

Essential to a well-managed organization is the ability to constantly appraise and evaluate ongoing programs. Established systems, may in time, lose some of their initial impact. New demands on agencies time and resources require constant review of practices to assure that necessary changes in terms of program implementation are instituted. Additional staff is required to perform this function.

ORGANIZATION AND STRUCTURE

Presently there are 33 rehabilitation related programs among eight major state agencies. These several programs, responding to the ever present backlog of unmet needs, are developed within the frame of reference of the departments initiating them. However, the service programs in the field of rehabilitation are so closely interrelated that they have a significant impact on each other and require close articulation to maximize their total effectiveness.

Several state agencies have programs which provide services for the handicapped. For example, the Department of Mental Hygiene is responsible for giving treatment and rehabilitation to the mentally ill and the mentally retarded. The Health Department's Medical Rehabilitation Program is basically a physical restoration program for the disabled under 21 years of age. The primary and secondary rehabilitation centers administered by the Health Department are responsible for developing, in cooperation with the State Vocational Rehabilitation Agency, a diagnostic and vocational evaluation service program within such facilities. The rehabilitation coordinators in these planning centers attempt to develop a vocational rehabilitation focus in the hospital and in the community. A listing of these and other programs, their auspices, goals, services and interrelationships indicate extensive mutual concerns regarding the provision of services for those in need.

The major vocational rehabilitation programs in the state are divided between the Division of Vocational Rehabilitation in the Education Department and the Commission for the Blind and Visually Handicapped in the Department of Social Services. Historically, the Commission for the Blind and Visually Handicapped preceded the establishment of the Division of Vocational Rehabilitation. As a result, the latter was given the responsibility for serving all disabled individuals including the visually handicapped, non blind. If these two agencies were joined, more effective service would result. For this reason it was the unanimous concensus of the Rehabilitation Planning Council, State Advisory Committee, and four Regional Advisory Committees that the first step toward a more effective, coordinated, comprehensive vocational rehabilitation program for New York State required the integration of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped.

Recommendations

74. THE GOVERNOR SHOULD CONSIDER CONSOLIDATING THE FUNCTIONS OF THE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND THE DIVISION OF VOCATIONAL REHABILITATION UNDER A UNIFIED ADMINISTRATION WITHIN THE EDUCATION DEPARTMENT.

    All the Advisory Committees felt that the State Vocational Rehabilitation Agency should have sufficient capability to develop broad policies required of a function that is constantly changing in relation to the federal and state philosophy for meeting these aspects of human need. The planning bodies recommended that the operating functions of the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped be combined within an Office of Rehabilitation in the Executive Department. At a regular meeting of the Commissioners of the Commission for the Blind and Visually Handicapped and that of their Medical Advisory Board, both bodies passed resolutions endorsing the merger of the two State Agency functions. The Regents concur with the thinking of the planners, but in regard to the desirability of combining the two agencies recommends that the agencies be placed in the Education Department. By increasing the stature and visability of the program within the Education Department, through administrative action, the latitude of function required to serve increased numbers of handicapped individuals can be achieved.

The Regents feel that the vocational rehabilitation needs of all disabled by 1975, could best be accomplished by consolidating the Division of Vocational Rehabilitation and the Commission for the Blind and Visually Handicapped programs within the Education Department. The merger of the two State Vocational Rehabilitation Agencies would permit unified planning and coordination of the total program under a single policy. It would provide leadership at the state level for developing services oriented toward a multi-disability population and ensure that the expertise in a variety of disabilities they serve now would be applied to the blind, a large number of which are multiply disabled. Similarly, the expertise of the Commission for the Blind and Visually Handicapped would be applied to assist clients with visual handicapping conditions, so often found in the general disabled groups. This is in line with the philosophy and recommendations of the planning bodies to expand the capability of the specialized agencies to serve all disabilities and the general agencies to serve the special disability groups. It would unify approaches to the expansion of services as delineated in the recommendations, improve the coordination among community service agencies, as well as more effectively utilize resources. It would offer an opportunity to unify research and implementation of research findings. This would tend to parallel the federal program administered by the Rehabilitation Services Administration and facilitate state-federal relationships.

A major recommendation has been to organize operations so that services would be as close as possible to the recipient's home location. Such a merger would be reflected in savings of funds by requiring only single offices to house both agencies which could be more easily located throughout the proposed service delivery area. It would unify recordkeeping which would facilitate data retrieval and management studies. It would permit a more extensive public education and information service that would reach out to all requiring such services.

The philosophy expressed by former Commissioner James E. Allen, Jr., in a speech delivered in Boston epitomizes the concept of change when he said: "There must be a willingness to innovate, to discard tradition when necessary, to be bold and daring, to consider new patterns of organization, to enter into new relationships, and to move with vision and imagination."

RECOMMENDATIONS FOR SPECIFIC GROUPS

THE BLIND AND VISUALLY HANDICAPPED

The philosophy and climate in the field of vocational rehabilitation services for the blind is everchanging. Today we focus positively, not on disability but on ability, not segregation but integration, not dependence, but independence, not on "the blindness," but on the total (blind) person's ability to make a meaningful contribution as an able individual. In sum, the emphasis is helping the blind person in developing himself to his fullest capacity.

The public and voluntary agencies serving blind persons in New York State, as well as in the United States, have contributed much in the way of innovation and leadership in the field of vocational rehabilitation. In 1945, as a result of the Barden-LaFollette Act of 1943, vocational rehabilitation services for the blind were established in the Commission for the Blind (now the Commission for the Blind and Visually Handicapped), an organizational unit of the Department of Social Welfare (now the Department of Social Services). The Division of Vocational Rehabilitation, a division of the State Education Department, provides vocational rehabilitation services to individuals with visual handicaps who do not meet the criteria of the legal definition of blindness. With the strong support of these two state agencies and full cooperation of voluntary agencies serving blind persons, sheltered shops serving these disabled were refocused and expanded into vocational rehabilitation centers. These centers provide comprehensive services to blind person to help them overcome the problems which interferred with their securing employment. Programs included: mobility, vocational counseling, personal adjustment, psychological evaluation, vocational evaluation, social services, speech and hearing services, prevocational and vocational training, home teacher service, low vision aids, communication skills, and placement in competitive industry and sheltered workshops.

As a result of these services and the community employers' acceptance of capable blind and visually handicapped persons, occupational opportunities have increased in number and level. Thousands of blind persons with the assistance of the voluntary and State agencies' vocational rehabilitation programs achieved employment in a broad range of jobs including professional, subprofessional, clerical and service occupations, and independent business operations. Others have been placed in various jobs in sheltered workshops, and in homemaking which enables them to function independently in performing household duties. These people have become participating citizens in their communities where they work and have gained greater independence by becoming workers, contributing to themselves, their families, and society.

A blind person is legally defined as one who is totally blind or whose visual acuity measures 20/200 or more in the better eye and for whom diagnosis and medical findings show that vision cannot be improved to better than 20/200; or whose field of vision has been restricted by 80 percent from the normal, or to other factors which affect the usefulness of vision to a like degree.

In 1945 legislation was enacted, directing the Commission for the Blind and Visually Handicapped to maintain a complete register of blind persons in New York State. This register describes the condition, cause of blindness, capacity for education and industrial training of such registered blind person. It was further mandated, that every health and social agency, consulting or attending physician or nurse report to the Commission for the Blind and Visually Handicapped in writing the name, age and residence of persons who are within the definition of blindness. The Commission is an accredited member of the National Institute of Neurological Disease and Blindness Model Reporting Unit and furnishes this national body with statistics on blindness.

In 1965 the register for the blind identified 25,000 persons in New York State. The National Health Survey (NHS) data applied to New York State revealed there may be some 33,000 blind persons (the NHS definition of blindness is considered more liberal than reflected in the register). Projections of the NHS measures reveal that there may be some 37,000 blind persons in New York State by 1975. The estimate is conservative. Any appreciable change will depend on results of the "wave" of Retrolental Fibroplasia cases in the past, and the more recent Rubella Epidemic.

Fifty percent of the 33,000 persons can be expected to be 65 years of age or older. Further, there are at least three groups under which these blind individuals could be subsumed: (1) the congenital blind; (2) the sighted adolescent and adult who becomes blind adventitiously; (3) the visually handicapped individual, who despite partial vision, is still included within the legal definition of blind. The problem in blindness is multifaceted and greater than the visual restrictions imposed upon the individual. The community's and family's preconception of blindness and its limitations and the self-perception of the blind individual of his condition, both as a member of the community and as a disabled person, play major roles in the rehabilitation process. Although this is not unlike the problem of other severely disabled individuals, loss of sight, in our culture, has always been considered most severe. Service to blind persons must therefore be highly individualized to meet the specific needs of the individual.

Service to the individual must address itself to the community, the family, and the disabled himself if rehabilitation, at any level, is to be achieved. For example, for the congenitally blind child, service to the family is a key factor in developing a rehabilitation plan. For the adventitiously blind the greatest stress, initially, is placed on helping the client accept his disability and still recognize the greatest potential within himself. Similarly, with the visually handicapped (legally blind), planning for use of low vision aids and other techniques or other special programs to help him function as a blind person, must be developed in conjunction with the acceptance of his disability and the fullest utilization of himself.

The Commission for the Blind and Visually Handicapped provides directly the following services: Eye Health Services (Register), Consultation on Children's Services, Home Teacher Services, Vending Stand Mangement, and Vocational Rehabilitation Counseling.

A major function of the Commission for the Blind and Visually Handicapped (CBVH) is to provide a variety of vocational rehabilitation services in partnership with private and public agencies in the community. It does not, in itself, operate a rehabilitation service facility. It provides the counseling and planning coordination, placement and follow-up which coordinates the actual services.

The Commission provides vocational rehabilitation services through counseling and planning for the following in developing the rehabilitation plan: diagnostic evaluation, personal adjustment (communication skills, mobility, and personal management), self-employment and job placement. These individual services are purchased from or provided by voluntary agencies. The fiscal year ending 1968 revealed that the CBVH processed 1912 new referrals, had a carry-over of 2207 active cases and rehabilitated 554 clients. The Division of Vocational Rehabilitation maintains the same vocational rehabilitation programs to serve the visually handicapped. These two agencies work closely to coordinate their efforts. This is especially true in the area of public-private cooperative development of community facilities and services.

It was with the full cooperation of the Department of Social Services of which CBVH is a part, that the State's plan for vocational rehabilitation services was developed. The Commission's staff, on all levels, have been active participants throughout the planning project. Their roles and functions paralleled those of the Division of Vocational Rehabilitation (DVR). In addition, an employee of the Commission was assigned to the planning office as the vocational rehabilitation planning director for the blind. Therefore, the recommendations presented were fully considered and reviewed by the Commission (CBVH) and representatives of the State Department of Social Services.

75. THE VOCATIONAL REHABILITATION FUNCTIONS OF THE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND THE DIVISION OF VOCATIONAL REHABILITATION SHOULD BE COMBINED UNDER A SINGLE ADMINISTRATION.

Recognition of the administrative, economic and service values which result from this combination were elaborated upon in the previous section (see Recommendation #74). Availability of services to the blind would be increased, for the offices and staff of both agencies would now be functioning under a unified system. Professional staff at all levels would be trained to serve the needs of the blind, and the administrator directing services for blind persons would be at a level to insure significant impact on policy formulation.

This would facilitate the development of services for individuals and do away with the concern regarding which agency would provide services for an individual with multiple disabling conditions. Projections indicate that there may exist in New York State over 70,000 people with visual impairments. The combined knowledge and experience of both agencies in the diagnosis and evaluation of visual problems and other disabling conditions would be more fully utilized. The computerized data systems of both agencies, including the Register for the Blind, would complement each other by providing appropriate administrative and planning tools.

76. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ESTABLISH POSITIONS FOR PLACEMENT SPECIALISTS TO EXPLORE A BROADER RANGE OF JOBS FOR BLIND AND VISUALLY HANDICAPPED PERSONS.

The counselor is burdened with a heavy caseload. This hinders his ability to fully explore all levels of jobs in the labor market. Too often visually impaired persons are placed in sterotyped jobs not reflective of their broad capabilities. These placement specialists would enable the agency and the counselor to keep abreast of labor market needs and creatively developing expanded training and placement opportunities. They would enhance the level of communication with business, industry, and voluntary and other governmental agencies serving visually handicapped people and thereby increase job opportunities for them.

77. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO ENCOURAGE EXISTING VOLUNTARY AGENCIES SERVING THE BLIND TO EXPAND THEIR PROGRAMS TO PROVIDE COMPREHENSIVE REHABILITATION SERVICES.

There is a need for comprehensive service centers within reasonable distance from the client, particularly in the upstate area. The State Vocational Rehabilitation Agency serving clients in the upstate area finds there is a lack of such comprehensive rehabilitation services and must seek services a great distance from the immediate community at a transportation and housing cost in addition to human hardships. Specialized facilities can only be supported where there is population density. Specialized facilities should develop comprehensive services and include a multidisability clientele for the most economical use of the expanded programs.

78. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST THE GENERAL COMPREHSNSIVE FACILITIES TO DEVELOP AND EXPAND SPECIALIZED SERVICES FOR THE BLIND.

It is recognized that in the upstate area particularly, there is a dearth of comprehensive services for blind persons and that expansion of existing facilities serving blind per se would not close the service gap.

In this context, consideration should be given to expanding the capacity of general comprehensive facilities to meet the unmet needs of blind people. The general agency's professional staff will require specialized training in the added dimension of blindness. The need for this staff training was recognized by a special planning committee consisting of the larger general and blind agencies and the Office of Statewide Planning for Vocational Rehabilitation Services. This committee encouraged and assisted the Research and Training Center of Johnstown, Pennsylvania to submit an application for such a training grant to the Rehabilitation Services Administration, but the program has not yet received federal support.

79. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS EFFORTS WITH BUSINESS AND VOCATIONAL SCHOOLS TO DEVELOP AND ADAPT TRAINING PROGRAMS FOR BLIND PERSONS TO PERMIT ENTRY INTO THE BROADER RANGE OF OCCUPATIONAL OPPORTUNITIES.

Many blind people have had their basic preliminary training in schools or agencies for the blind. They have become proficient in overcoming their handicap, but are disadvantaged in that they have only competed with the blind or have been related almost exclusively to persons who serve the blind. They need a hardening process in sighted situations if they are to compete satisfactorily with their peers in the business world. Such relationship and experience will also provide every level of training to which the blind persons may be encouraged to aspire, and commit themselves through effort, to grow from skill level to skill level.

80. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND EFFORTS FOR THE DEVELOPMENT OF LONG TERM SHELTERED WORKSHOPS TO PROVIDE EMPLOYMENT FOR THOSE BLIND AND MULTIPLY-HANDICAPPED BLIND CAPABLE OF LIMITED PRODUCTIVITY.

The present data on the visually handicapped population reveals that a substantial number are 65 years of age.

It is anticipated that the longevity of this group will continue to increase along with the nonblind aged population. This group then, may be handicapped both by age and other physical infirmities. However, many have been accustomed to working all their lives, and desire to continue working at jobs tailored to their reduced capacities. The State Vocational Rehabilitation Agency should support the developing and evaluating of new avenues of work with industry and public and private service agencies.

The present State Vocational Rehabilitation Agency's caseload reveals that 50 percent of the cases are not capable of working in competitive industry and are capable of working in a sheltered workshop or work activities center. If the agencies serving blind persons cannot or will not expand because of economic and other reasons, then it is important that the general agency be encouraged to do so and meet the employment problems of these groups. The provisions of service to enable the marginal worker to become employed without providing an outlet for utilizing his developed work capacity would be wasteful in services rendered and loss of human dignity and value.

81. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND PROGRAMS WHICH WILL INCREASE THE AVAILABILITY OF INDUSTRIAL HOMEWORK FOR THE HOMEBOUND BLIND INDIVIDUAL.

Current homework programs, primarily in New York City metropolitan area, indicate that blind individuals are capable of performing industrial homework utilizing their past work experience. It has been found that industrial homework can be adapted to previous work experience or taught to the inexperienced worker. Such homework would enable blind homebound individuals to live more productive lives. Industrial homework is a real need in the upstate areas and requires expansion downstate. In addition a study should be considered with the cooperation of industry and the rehabilitation centers relative to the feasibility for intensive expansion, training, pick-up and delivery, and licensing of the employer and employee for this type of work. Implementation of this recommendation would also assist in the development of augmented services to the non-blind homebound.

82. THE CIVIL SERVICE DEPARTMENT SHOULD RE-EVALUATE THEIR EXAMINATION PROCEDURES INCLUDING TEST STRUCTURES AND TIME ALLOTMENTS, TO ASSURE THAT QUALIFIED BLIND AND VISUALLY HANDICAPPED INDIVIDUALS CAN COMPETE FOR POSITIONS IN THE PROFESSIONAL, TECHNICAL, CLERICAL, AND SERVICE OCCUPATIONS.

A study needs to be undertaken to determine if greater use of braille might be employed by the Civil Service Commission. An ability to "see" the question is an important contributor to recall,conceptualization and understanding. Similarly the time factor to complete an answer might require an extension for blind and visually handicapped persons.

The question of appointment has many dimensions. To appoint a handicapped person to a qualified position may require overcoming of attitudes rather than, or in addition to, the modification of the work environment. If some change in work milieu is required to accommodate the visually impaired person, it could be accomplished by genuine good will, staff preparation, and consultation with the State Vocational Rehabilitation Agency.

83. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE EVERY VOLUNTARY AGENCY PROVIDING SERVICES FOR BLIND AND VISUALLY HANDICAPPED PEOPLE TO HAVE A PROFESSIONAL RECRUITMENT PROGRAM AND FORMAL AFFILIATION WITH SCHOOLS AND INSTITUTIONS OF HIGHER LEARNING WHERE TRAINING IS OFFERED.

Such an affiliation would develop more internships for blind service agencies, and concentrated training programs for personnel to keep abreast of new professional developments as well as upgrade their skills; influence academic training programs by bringing to bear the actual experience of the agencies; develop a broader theoretical and academic base for the blind service agencies through the influence of affiliation and exchange of teaching personnel.

84. BOARD OF EDUCATION SHOULD ESTABLISH OR EXPAND SPECIAL ENGLISH CLASSES FOR NON-ENGLISH SPEAKING BLIND AND VISUALLY HANDICAPPED INDIVIDUALS.

Communication with others is vital to the adjustment of an individual to social and economic life. Communication problems and their effect on non-English speaking people in the State are compounded for those with visual impairments. Such individuals require special programs and methods to gain the communication skills which will enable them to receive the full benefit of vocational rehabilitation service and which will lead to their successful placement in employment. Therefore, a high school diploma is important to an individual who wishes to enter the labor market and the lack of which may often be a bar to employment. The high school equivalency examination should be given in the language in which the non-English speaking handicapped individual has a competence. An individual who also is blind or visually handicapped, literate, and capable of employment should not be faced with another handicap to impede immediate placement in an occupation.

85. TO ASSURE A CONTINUUM OF SERVICES FOR THE BLIND AND VISUALLY HANDICAPPED YOUTH, COOPERATIVE PROGRAMS SHOULD BE DEVELOPED WITH HEALTH AND SOCIAL SERVICE AGENCIES.

Early identification of problems would further develop a systematic approach aimed at prevention to eliminate, reduce, or contain the handicapping condition of the disabled child. Failure to develop such a process in the long run will increase the cost and time of the rehabilitation process and reduce the capacity of the individual to utilize himself at a maximum level. Therefore, the continuum of services is essential with each service agency applying the necessary service at the appropriate time.

86. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD COLLABORATE WITH SCHOOL SYSTEMS TO PROVIDE VOCATIONAL REHABILITATION SERVICES TO BLIND AND VISUALLY HANDICAPPED CHILDREN AND YOUTH.

The State Vocational Rehabilitation Agency should provide staff for consultation to the schools and to assist the students by providing counseling, personal management training, and communication skills adjunctive to the regular education program. It is recognized that assignment of such staff to this function will be based on a series of priorities designed to implement the Vocational Rehabilitation Plan.

AUDITORY-SPEECH DISABILITY: DEAF, HARD OF HEARING AND LANGUAGE IMPAIRED

Individuals disabled by auditory impairments have been variously described and defined. The lack of meaningful and clear definitions are reflected in the discrepencies found in legislation that establishes criteria for service under educational, health, rehabilitation, insurance, and manpower programs. The lack of a generally accepted classification system results in problems of identifying the auditory handicapped, both qualitatively and quantitatively and in the development of optimal plans and programs.

For the purpose of this discussion, the deaf are defined as those whose hearing function is totally absent and whose deafness occurred before the development of skills in language and speech. Thus the deaf person has concomitant severe limitation of the voice, language, and speech function and is likely to be retarded in language and communication skills throughout his life.

In effect, the disability of the deaf may be considered a sweeping form of environmental deprivation, whose major handicaps stem from a catastrophic breakdown in the auditory communication with the world. This breakdown:

1. impedes the acquisition of all aspects of verbal language--spoken and written;
2. thwarts the acquisition of maturational and life experiences, as well as a broad range of conceptualizations concerning societal and human relations;
3. blocks participation in the flow and exchange of experiences, knowledge, events, and insights that is daily fare to the ordinary individual.

The problems of the much larger group, the hard of hearing, are very different from those of the deaf. The hard of hearing are defined as those whose severe or profound hearing loss occurred later in life, after the development of skills in language and speech. The hard of hearing person is more likely to have language skills, but the level of these skills will depend to a great extent on the age of onset of the hearing loss, which in childhood years is related to the age at which language development occurs. The limitations of the communication functions of hearing, speech, and language are less conspicuous than for the totally deaf and therefore less fully understood.

Speech handicaps can also be the result of many causes. Of course, those with hearing problems from birth or early childhood have severe limitations of language and speech. Other speech disabilities can be the result of physical and psychological defects. While etiology is more diffuse than specific, the following may be contributory to the degree and quality of the language impairment: central nervous system damage, peripheral impairment of auditory capacity, environomental factors and influences, and individual personality.

There are more tax supported and private facilities offering services for the hearing impaired in New York City than is available in all of the rest of the United States. Nevertheless, Task Force Reports indicated that the New York City Service cannot meet the needs of a great number of hard of hearing men, women, and children. New York City also has the largest reservoir of qualified and certified professionals in this specialty in the United States and an equally large number of college and university training schools. Yet all agencies report a short supply of audiologists, speech and hearing clinicians, teachers of the deaf, psychologists, psychiatrists, and social workers who are interested in working with the hearing impaired. The problem of services in the upstate area is very much more acute.

Major areas in which agencies concerned with the hard of hearing must concentrate their efforts are:

- redefinition of terms used to classify the hearing impaired population and coordination of terminology, etc., at local, state and federal levels
- scientific survey of the size of the problem to derive realistic statistics on which planning and financing can be based
- research into all areas affecting the hard of hearing person - his psychology, education, employment, social adjustment, legal rights, etc., to increase his opportunities and to explore the myths that have handicapped him
- coordination of adequately financed facilities.

Reaching this population in greater numbers is a difficult task. The agencies serving the hearing impaired are aware of the large number of people they cannot effectively serve because of the scarcity of properly trained professional people. Schools for the deaf, particularly for the young, can only handle limited numbers of students who require services over many years.

The recommendations which follow, although primarily concerned with the adult, have an obvious and critical relationship with the preschool and school aged children. Early detection of disability or potential disability, prevention and prompt treatment and training are essential. The school is one of the most important rehabilitation facilities for this disability group.

Recommendations

87. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST VOLUNTARY AGENCIES IN PLANNING FACILITIES AND SERVICES BASED ON THE DIFFERENTIAL NEEDS OF THE AUDITORY-SPEECH SUBGROUPS.

There is great heterogeneity in disability and handicapping conditions among and within the groups comprising the auditory-speech handicapped population. The heterogeneity presents different rehabilitation problems. It is the opinion of experts, however, that it is possible to stratify a number of typical groups. If the quality of rehabilitation services is to be improved, services must be designed to take into account different needs.

88. APPROPRIATE DEPARTMENTS AND AGENCIES SHOULD CONSIDER THE DEVELOPMENT OF INTERDISCIPLINARY TREATMENT CENTERS FOR THE DIAGNOSIS AND TREATMENT OF COMMUNICATIONS AND LEARNING PROBLEMS FOR THE ADULT POPULATION WITH AUDITORY-SPEECH HANDICAPS.

Interdisciplinary diagnostic treatment centers for communication impaired that would be capable of diagnosing and treating communications and learning problems are needed. Such centers may best operate as part of a comprehensive medical care center but should also have a capacity for an educational and medical diagnosis. The scope of such a center would involve developmental, corrective, and remedial problems and would offer communication skills training and language development services. These centers could be a development or expansion of existing major hearing and speech centers.

A diagnostic treatment center could be utilized by the various medical specialists in dealing with these disabilities by improving communications between the medical specialists in the diagnosis and treatment of hard of hearing and speech problems.

Mobile units for testing and treatment of hearing and speech disabilities could be an important part of an interdisciplinary diagnostic treatment center and/or existing hearing and speech centers. These units could help identify client problems sooner and also be available to all such handicapped individuals needing a diagnostic service not available in their home area.

89. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE ALL AGENCIES DEALING WITH PLACEMENT TO SEARCH FOR BROADER EMPLOYMENT OPPORTUNITIES FOR QUALIFIED HANDICAPPED INDIVIDUALS.

The employment capabilities of these individuals are too often underestimated. They are capable of functioning on jobs ranging from the unskilled to the professional area. They are downgraded by functional hearing loss. These factors lead to unsatisfactory situations for the individual and a loss of valuable manpower for the community.

Many more training opportunities of all kinds must be established for the hearing impaired with a view to serving both the underemployed and the unemployed. With relatively minor adjustments, the former can be provided with many more opportunities normally only available to those with good hearing. However, the severity of the handicap of the unemployed deaf requires a highly specialized service of depth and duration. Such services have been successful in a few programs in special rehabilitation facilities. These must be multiplied as qualified staff become available.

90. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND FINANCIALLY SUPPORT AGENCIES SO THAT THEY MAY HIRE PERSONNEL WITH SPECIAL ORIENTATION TO THE PROBLEMS OF THE AUDITORY-SPEECH DISABLED TO IMPROVE SERVICE FOR REHABILITATION CLIENTS.

Those who have auditory-speech disabilities present a wide range of problems and needs unique to this disability group. To answer these problems and fulfill these needs, an equally wide range of professional expertise is required. There are many specialties involved in the treatment and rehabilitation of the auditory-speech disability population. Each plays an integral role in the spectrum of services. Both the staffs and the programs of these agencies should be developed and utilized to meet the differentiated needs of the deaf, hard of hearing and language and speech impaired.

91. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE FUNDS TO REHABILITATION FACILITIES AND WORKSHOPS TO SUPPORT INNOVATION PROJECTS, HIRE SPECIALIZED PROFESSIONALS, AND EXPAND THEIR CAPABILITIES IN ORDER TO MEET THE NEEDS OF THE AUDITORY-SPEECH HANDICAPPED POPULATION.

The special and urgent needs of this disability population require that all sources of funding be tapped for the development of programs and services and recruitment of personnel. It is necessary to develop the capacity of the general workshop to serve this group, as well as to assist the special facilities in program expansion.

Workshop facilities must be available to the vocationally handicapped deaf and hard of hearing who cannot immediately enter into the competitive labor market. The goals of these facilities are not only to be production focused but also work conditioning and job hardening environments.

As described above, gaps exist in services, programs, and facilities for the deaf and hard of hearing. Still another gap, revealed in national and local surveys, is between the needs of the deaf and hard of hearing population and the supply of trained workers in auditory rehabilitation. Wherever a choice is possible, for example, deaf clients seek a trained worker, and prefer a trained worker who is himself deaf.

The deaf community is an exceptional resource for rehabilitation manpower. The contributions deaf professionals can make warrant that all necessary measures be taken to utilize them in rehabilitation occupations.

92. AN APPROPRIATE NUMBER OF PROGRAMS TO TRAIN SPECIALISTS IN TECHNIQUES SPECIFIC TO THE DEAF SHOULD BE DEVELOPED AT THE UNIVERSITY LEVEL.

Such a program would encourage the vocational rehabilitation counselors and other interested persons to specialize in work related to the deaf and hard of hearing. Presently there are several programs in New York City. It is proposed that the University of Rochester, among others, be considered as a site for expansion of graduate training programs in speech and hearing. The University is located near the National Technical Institute for the Deaf, the Al Sigl Center, the Medical Center, the Hearing and Speech Center for the Deaf, and the Rochester School for the Deaf.

Trained specialists could work in the State Vocational Rehabilitation Agency as counselors, or in general rehabilitation facilities and sheltered workshops. These training programs should be tied into the University's total plan for educational ladders in the health fields.

93. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE LOCAL EDUCATIONAL SYSTEMS SHOULD COOPERATE IN THE EXPANSION, COORDINATION, AND IMPLEMENTATION OF APPROPRIATE FACETS OF EDUCATION AND VOCATIONAL REHABILITATION PROGRAMS FOR THE HEARING, LANGUAGE, AND SPEECH IMPAIRED.

Coordinated efforts should include:

1. developing research leading to program development;
2. coordinating interdisciplinary exchange of information regarding the needs of the hearing, speech, and language impaired;
3. expanding prevocational and vocational programs.

The school is the most important rehabilitation facility for this disability group. Every effort should be made to integrate educational and vocational rehabilitation programs. Special guidance and counseling should be given to the many hearing impaired who are not in special schools.

94. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK WITH FEDERAL AND VOLUNTARY AGENCIES AND SPECIALISTS TO REDEFINE THOSE GROUPS WHO ARE UNDER THE GENERAL HEADING OF HEARING IMPAIRED, LEADING TO A FUNCTIONAL CLASSIFICATION SYSTEM ACCEPTABLE TO ALL GROUPS.

Otolaryngolists, audiologists, and educators, in their search for precise nomenclature, have found that a numerical score expressed in terms of percentage of average decibel loss and other similar systems have produced different criteria for use in health, education, and rehabilitation programs. Among those defined as deaf under the decible system, there still remains diversity in terms of principle attributes of impairment and disability and inherent capability. For example, the "exceptional" and "above average" intelligence groups might very easily use the regular community resources available to the hearing population with some slight modification. It is the deaf population at the lower end of the intelligence scale for whom specifically designed programs and facilities are essential.

95. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE RESEARCH IN AREAS RELATED TO AUDITORY-SPEECH DISABILITIES.

Psychological assessment, language development, subculture of the deaf, vocational development, education, genetics, family, and effects of institutionalization represent major areas for studies. This listing of research needs in the vocational rehabilitation of the deaf and other subgroups in the auditory-speech category shows how much there is to be learned before anyone can say we "know" these groups. The vocational service trend of the future will be determined to a great extent by the findings in the suggested study areas among others.

HEART DISEASE, CANCER, STROKE

Heart disease, cancer and stroke cause profound handicapping conditions. However, relatively few individuals with such disabilities are referred for vocational rehabilitation. In 1964 nearly 120,000 disabled Americans were rehabilitated under the state-federal Vocational Rehabilitation Program. Of this group, only 539 persons (0.5 percent) had cancer. Information available from the Division of Vocational Rehabilitation for New York State is related below. In fiscal 1965, 8,505 persons were rehabilitated in New York State. The following tabular information is offered:

FISCAL 1965
VOCATIONAL REHABILITATION OF 805 CASES BY SELECTED DISABILITIES
TOTAL NO. = 8,505

Disability	Number Rehabilitated	Percent of Total	Median Age	% With Additional Disability
Cardiac	624	7.3%	44	21.3%
Stroke	98	1.2	48	46.9
Cancer	83	1.0	Not Available	
Totals	805	9.5%		

Source: "Facts in Brief," New York State Education Department, Division of Vocational Rehabilitation, Albany, New York, 1966. Cardiac Series, No. 3; Stroke Series, No. 15; Cancer data from Series No. 1.

As the tabular information indicates, the cardiac, stroke and cancer rehabilitants numbered 805 persons or 9.5 percent of all persons rehabilitated in New York State.

A referral gap exists between physicians and those facilities and agencies with vocational rehabilitation programs. The relatively small number of disabled cancer and stroke patients who are referred to the Division of Vocational Rehabilitation is more a function of the physician's perception of his patient's adjustment and employment capacity than it is the availability of rehabilitation services. For example, during 1964-65, physicians made only 6.9 percent of all referrals to the Division of Vocational Rehabilitation. For the stroke group, physician referrals account for 6.1 percent. However, for the cardiac, it was 15.4 percent. These facts may be indicative of the physicians clearer view of the needs and rehabilitation potential of the cardiac group. It appears that what is needed is not only an increase in vocational rehabilitation service capacity for these groups, but also integration and coordination of medical and other services.

In a booklet published by the American Medical Association (AMA), which described the needs of those with chronic disability, rehabilitation was seen as a major need.

> "A...need extending across all types of facilities, resources and disciplines involved in long-term care is for an increased emphasis on rehabilitation for those who can benefit by and will accept it. To a much greater extent than now prevails, rehabilitation should be incorporated as an integral part of medical care, with important implications for preventing further deterioration. A pertinent example of the value of this approach is in care of the stroke patient. In many cases, deferring restorative procedures until the acute phase of illness has passed, rather than applying such procedures early in the onset of trouble is, in a sense, aggravating the disabilities created. Rehabilitation, as an integral part of care, often prevents further deterioration and cuts down the need for prolonged medical treatment."[32]

Interesting enough, the AMA booklet listed as a first need for effective patient services, "maximum coordination...among the various types of facilities, disciplines and programs which may be involved in meeting the individual patient's needs at one time or another." "In too many communities," the reports states, "facilities and services for long-term care are currently operating on a segmented or 'jurisdicational basis'." The Division of Vocational Rehabilitation services and practices are descriptive of a total health approach in achieving a vocational objective.

Recommendations:

96. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS VOCATIONAL REHABILITATION SERVICES TO THE CATASTROPHICALLY DISABLED.

The New York State Division of Vocational Rehabilitation has successfully rehabilitated more stroke cases than any other vocational rehabilitation agency in the country. It is strongly urged that the Division of Vocational Rehabilitation be given the capability to expand this commendable effort. Though each case must continue to be reviewed individually, it is felt that broadened medical guidelines would encourage counselors to work with the more severely disabled. The term "severely disabled" must be considered as a function of the vocational rehabilitation agency that serves such an individual and the community's capacity to absorb him in a gainful occupation. Therefore, there is a need for the State Vocational Rehabilitation Agency to expand its role, and the community its capacity to provide gainful employment in industry or in the sheltered workshop.

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[32] "Needs of the Long-Term Patient," American Medical Association, Chicago, Illinois, 1964

97. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS OUT-STATIONING OF COUNSELORS IN MEDICAL FACILITIES TO EXPEDITE THE EARLY IDENTIFICATION OF INDIVIDUALS WHO MAY BENEFIT FROM VOCATIONAL REHABILITATION SERVICE.

Early screening, identification, and evaluation of vocational handicaps are basic to the rehabilitation process. Just as important is the interdisciplinary team approach to the delivery of all services required for a comprehensive rehabilitation plan. The presence of the counselor stationed at a facility permits him to be an integral member of the medical-psychosocial team. For those with catastrophic conditions, the hospital is the primary setting for early definition of rehabilitation service needs. Therefore, by outstationing the vocational rehabilitation counselor, prompt delivery of services is expedited.

98. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD UNDERTAKE A STUDY TO DETERMINE THE NEED FOR MORE REHABILITATION FACILITY AND WORKSHOP SERVICES FOR THOSE WITH HEART, CANCER OR STROKE DISABILITIES.

Because there is an inadequate number of private rehabilitation agencies providing services to heart, cancer and stroke patients, and in view of the extremely high incidence of these disabilities, further study is needed to determine how many expanded or additional rehabilitation centers and workshops are required. Similarly, a determination should be made as to the need for long-term workshop facilities that may be required to meet the placement needs of individuals within this group.

99. THE STATE VOCATIONAL REHABILITATION AGENCY POLICY SHOULD BE EXPANDED TO PROVIDE VOCATIONAL REHABILITATION SERVICES TO YOUNG PEOPLE WHO HAVE HEART DISEASE OR OTHER CATASTROPHIC ILLNESSES.

Identification of these youngsters should begin at the time of onset, and vocational direction should be undertaken by the school authorities when the child returns to class. The child, the family and the community often bring preconceived ideas and mental sets to planning for and relating to the cardiac problem. This may manifest itself in dependency, over-protection, development of environmental limits and restrictions that have important impacts on the general growth, development and experience of the child. Even expectation and self-expectation are affected. The need to involve children at an early age in vocational goal-setting can be accomplished by the educational system and by a vocational rehabilitation service that prepares handicapped young people for realistic employment based on functional ability. Through joint consultation, the educational system and the State Vocational Rehabilitation Agency, therefore, should determine exactly what services and resources each would provide.

THE EMOTIONALLY DISTURBED

In considering the treatment of the mentally ill person, vocational rehabilitation is only one of many aspects in the therapeutic process. Depending on the severity of the illness, there may be a profound limitation of functional and relationship ability over a long period of time. For many others, there are other adaptive losses that bear on the individual's ability to engage in a gainful occupation. In recent years there has been a definite shift in the treatment of the mentally ill person. State hospitals have become more rehabilitation focused and less custodial in emphasis. Hospital care for the mental patient in New York State includes rehabilitation programs and a variety of individual and group therapies. The trend also has the encouragement and support of the local community reflected in the development of comprehensive mental health centers. The construction and operation of these mental health centers are governed by the federal Community Mental Health Centers Act (PL 88-164) and is a cooperative effort.

Among several of the services to be provided at the community level by mental health centers are in-patient, out-patient, partial hospitalization, emergency service and education and consultation services to individuals and community agencies. Vocational rehabilitation is another element of the center's program. The interrelatedness of psychotherapy and the variety of therapies is shown in the following Public Health Service statement:

> "Psychotherapy, whether individual or group, provides a framework in which the patient can bring his problems to the surface, discover for himself the underlying causes of his emotional difficulties, and overcome these obstacles to his mental growth. The various rehabilitation therapies -- occupational, recreational, vocational and social -- help to restore a sense of usefullness and self-assurance to those who are ready to return to society..."[33]

Increasingly, community based services for the emotionally ill will play a large role in the treatment process. The State Vocational Rehabilitation Agency, as a community based service, ensures the provision of many of those services necessary in community rehabilitation and treatment programs.

The State Vocational Rehabilitation Agency is serving increasing numbers of individuals with emotional problems in the state and voluntary institutions and in the community service agencies. This population includes those classically defined as emotionally disturbed as well as the alcoholic, drug addicted, delinquent and public offenders whose symptoms reflect a variety of behavior disorders. With the increasing number of persons exhibiting these conditions, agencies have developed special programs which overlap in terms of responsibility, rather than in services. For example, rehabilitation services are presently provided by a number of state and local agencies. Logistic problems for the State Vocational Rehabilitation Agency thus become critical unless truly effective coordinative mechanisms governing rehabilitation service programs can be established. During the state's fiscal year that ended March 1967, 83,000 persons were in hospitals for the mentally ill. Those treated in outpatient facilities numbered 165,700.[34] These statistics do not reflect patients who have been discharged and may have been readmitted.

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[33] "Mental Illness and its Treatment - Past and Present," U.S. Department of Health, Education and Welfare, Public Health Service, Washington, D.C. Publication No. 1345. 1965

It is difficult to determine the number of mentally ill persons who require vocational rehabilitation services. Several factors account for this problem.

1. These disabilities have a degree of social stigmatization not encountered in the case of many physical disabilities. The mentally ill, the drug addict, and the alcoholic are not likely to come to the attention of public and voluntary agencies unless they require hospitalization, have run afoul of the law, or have reached such a degree of family, occupational, and social maladjustment that they can no longer be protected by family or friends. The number of partially disabled persons in these categories is impossible to estimate. The reported incidence as derived from the records of public and private agencies (hospitals, clinics, courts, employment agencies, etc.) is only a fraction of the actual incidence.

2. A second factor stems from the nature of the illnesses themselves and the lack of clearly defined diagnosis and symptomatology. Mental illnesses have no clear-cut etiology, onset, course, and prognosis. The onset is more often than not insidious, the course uneven, and relapses and remissions often unpredictable. These illnesses frequently affect most aspects of interpersonal relationships. The significance attached to the various forms of deviance depends to a considerable degree on the individual's socioeconomic and cultural background. And, finally, the need for specific kinds of services will vary with the individual's age and sex. For instance, the rehabilitation needs of the emotionally disturbed adolescent are different from those of the adult.

3. A third factor is the possible coexistence of physical and mental disability. These psychological reactions to physical disablement and their contribution to the prolongation of physical disability have been well documented.

Recommendations

100. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS LEADERSHIP ROLE IN COORDINATING AND SUPPORTING VOCATIONAL REHABILITATION SERVICES PROVIDED BY PUBLIC AND VOLUNTARY AGENCIES SERVING THE EMOTIONALLY HANDICAPPED.

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[34] "New York State Statistical Yearbook: 1968-1969." New York State Division of the Budget, Albany, N.Y., March 1969. p. 184

With the advent and continuously increasing growth of community psychiatry, many community-based programs and services under federal, state, and local governmental and voluntary agency auspices are being expanded and developed. Most of these programs contain services which are a part of the vocational rehabilitation continuum necessary for the rehabilitation of the client. The emotionally disturbed client whether in an inpatient, partial hospitalization, or clinic program, is best served within a system devised to provide continuity of service. The State Vocational Rehabilitation Agency, as a community service, is in an excellent position to assist in developing the appropriate interrelationship among hospitals, community mental health centers, and rehabilitation workshop facilities. This is so since it must relate to all agencies in assuring services for its clients. The Agency has taken such steps in several areas of the state and should continue to expand the implementation of this policy.

101. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD CONTINUE TO EXPAND ITS COORDINATED EFFORTS WITH THE NEW YORK STATE DEPARTMENT OF MENTAL HYGIENE.

The Department of Mental Hygiene has made tremendous strides in expanding its facilities and programs. Presently, construction of new facilities is being programmed to relate to smaller geographic areas. Existing facilities as well as new ones, serve as active treatment centers staffed to provide therapeutic and rehabilitation programs leading to early return to the community. Rehabilitation centers are being erected at established hospitals, and all new facilities are being programmed to have rehabilitation service units. Prevocational and vocational services will be an integral part of the program.

For a number of years the Division of Vocational Rehabilitation has had counselors assigned to serve patients in the several state hospitals. Recently a formal agreement was made between the Division of Vocational Rehabilitation (DVR) and the New York State Department of Mental Hygiene, which provides for a staff of DVR counselors to be assigned to the rehabilitation centers of state hospitals to augment and coordinate the services of both agencies in the area of vocational rehabilitation. This agreement should be expanded with the outstationing of counselors full-time in the mental hygiene facility. Counselors could then become full and integral members of the rehabilitation team facilitating complete evaluation, adjustment, training, placement, and followup services in the community. The counselor would provide the bridge between hospital and community services. Extending this utilization of the counselor in local community mental health center programs should also be undertaken. Similarly, services could be expanded with Departments of Correction and Social Services, among others, to benefit those in custodial care.

102. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ASSIST IN THE DEVELOPMENT OF VOCATIONAL REHABILITATION SERVICES IN HALFWAY HOUSES.

The halfway house is an important bridge to the community. There are those clients who could more readily be discharged from an inpatient facility and benefit from services within community facilities if such halfway houses were available. There are also such groups as the alcoholic and drug addicted for whom halfway houses have been successfully used as a service facility for adjustment or readjustment to society.

Vocational evaluation and counseling services are two important services that can be provided in such a setting. The State Vocational Rehabilitation Agency should expand consultant services to assist in the development of halfway house programs, and assign counselors to serve clients in these facilities.

103. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE AND ASSIST VOLUNTARY AGENCIES SPONSORING GENERAL VOCATIONAL REHABILITATION WORKSHOPS AND SERVICE FACILITIES TO ADAPT PROGRAMS TO MEET THE NEEDS OF CLIENTS WITH EMOTIONAL PROBLEMS.

With increased psychiatric service capacity in the community, and shorter inpatient stays in state hospitals, the voluntary rehabilitation facilities and workshops will continue to experience greater demands for services. The present programs of the specialized facilities cannot be expected to expand to meet all the current and anticipated needs. The general facilities will be called upon to meet the special needs of these handicapped groups. Program areas of specific concerns are evaluation, personal adjustment service, vocational training, and transitional employment with appropriate support services. The State Vocational Rehabilitation Agency in this regard should provide program consultation, support expansion of specialized staff, and sponsor special training and sensitization of staff.

104. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE DIVISION FOR HANDICAPPED CHILDREN SHOULD CONTINUE TO COORDINATE AND EXPAND PROGRAMS TO MEET THE NEEDS OF EMOTIONALLY DISTURBED CHILDREN AND YOUTH.

There was great concern expressed by many of the advisory members concerning the need for early identification and service delivery to prevent or limit the severity of disablement among children and youth. Special education programs for the emotionally disturbed, as well as for other disabled groups, are being continually developed and expanded in our schools. It is felt that such programs would be even more effective if they included vocational evaluation, counseling and adjustment training services.

Several suggestions were made to effect closer coordination and development of programs. First, it was suggested that the State Vocational Rehabilitation Agency field staff expand its case-finding efforts in the schools and work as members of a team of school professionals. Second, the Division of Vocational Rehabilitation, Division for Handicapped Children, local schools, and rehabilitation workshop facilities, should cooperate in developing work-study programs along the lines of programs developed for the mentally retarded.

105. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD WORK COOPERATIVELY WITH THE PERTINENT PUBLIC AND VOLUNTARY AGENCIES TO EXPAND SERVICE EFFORTS FOR THE ALCOHOLIC AND THE DRUG ADDICT AND SHOULD ENCOURAGE THE SERVICE FACILITIES TO EXPAND THEIR PROGRAMS FOR THESE DISABLED.

The problem of addiction, including drug and alcoholic problems, is considered the outward manifestation of basic emotional problems which influence all aspects of the individual's adjustment to work, family, and community. Because of the serious impact of these disabilities upon the individual's capacity for interrelationship, the techniques and approaches of vocational rehabilitation appear to be particularly suited to them. The sharp increase in the numbers of persons involved with addictions has created great concern in the community. The limited success experienced with these groups has tended to restrict the availability of community services to them. The enormity of numbers and the serious nature of their problem mandate a major thrust to develop services. Since the nature of the problem is a composite of a variety of psychosocial concerns, treatment requires a variety of therapies. The current pattern of community agencies and services can be utilized as a base to provide services to these groups. It is important that the community facilities be expanded to more adequately serve the addiction groups in the context of their ongoing program.

MENTAL RETARDATION

For the field of rehabilitation, serving the retardate presents many problems. Mary Switzer, Administrator, Social Rehabilitation Service Administration, Department of Health, Education and Welfare, placed the issue in some perspective by noting, "Few areas of concern, to those in the field of rehabilitation, have assumed greater significance in the past decade than has that of mental retardation. This disability results in social, vocational, and educational problems of far reaching influence on the whole American scene."[35]

Although there is no accurate census of the mentally retarded, it is generally accepted that this disability is found in 3 percent of the population, classified as mild (83 percent), moderate (14 percent), and severe (3 percent). Approximately 4 percent of the retarded require institutionalization and 96 percent can live in the community. It is felt that with proper services and experience most of this disability group can work and function as community members with the lower range of moderate retarded requiring varying levels of supervision. The problem is complex because retardation may be of genetic, congenital, traumatic, or environmental origin. The latter is reflected in function, rather than in actual capacity or potential intelligence. Physical disabilities may further complicate the problems and adjustment capacity of these groups. Nevertheless, the adjustment and learning potential of the retarded may be significantly improved by a broad range of services. It is in those service areas that vocational rehabilitation services play an important role. Progress to date has been a function of the close cooperation and coordination among special voluntary agencies and associations. The State Department of Mental Hygiene and the State Vocational Rehabilitation Agency have had long standing working relationships.

In developing services for the mentally retarded, the whole individual in the setting of his family and community must be considered. His ultimate social and vocational adjustment will be a function of his life's experience, his physical and psychosocial makeup, and the readiness of the community to accept him as a contributing member. Early emotional and environmental deprivation are significant contributors to retardation and its effects, and there is reason to hope that preventive measures, better evaluation tools, early parental involvement and counseling, and more discriminating diagnoses would be helpful in planning and delivering rehabilitation services.

Definitions have an impact and have been difficult to formulate because:

a. the term embraces a wid range of manifestations

b. at the higher levels, retardation is relative to the average standards that prevail in a particular culture

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[35] "Special Problems in Vocational Rehabilitation of the Mentally Retarded," Conference Proceedings, University of Wisconsin, Madison, Wis., November 3-7, 1963. p. 9.

c. the intelligence level as determined by standard tests is not universally immutable and is more a function of experienced special education

d. each retarded person is a distinct individual differing from others in personality, in life experience, in physical and social environment, in the opportunities and help afforded him.[36]

The experience of the Division of Vocational Rehabilitation is of particular import in that it illustrates the individual nature of retardation and the effect of special service and programs. The statistical report on rehabilitation of the mentally retarded in "Facts in Brief" for 1965 shows that of the 8505 disabled persons rehabilitated, 11.6 percent or 987 were mentally retarded. (This included 149 persons who had mental retardation as a secondary disability.) The jobs for which they were trained and placed ranged from homemakers to semiprofessionals, including service, clerical, sales, skilled and unskilled work. In addition, only 15.8 percent, of those whose primary disability was mental retardation (838), required placement in a sheltered workshop. This emphasizes their greater potential for employment in the competitive labor market.

> "Without overlooking the many unknowns that still exist, there is reason to believe that imperfections in our society and shortcomings in reaching 'high risk' groups in our population account for a large part of mental retardation due both to a lack of adequate medical, health, welfare, and educational programs and to the many disadvantages and deprivations that are associated with poverty.
>
> These constitute imperfections in the social order that obviously we must seek to overcome in a comprehensive program of prevention and treatment. And, it would seem, they are imperfections that as an affluent society we can in due time largely overcome if we will."[37]

Recommendations

106. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXTEND ITS LEADERSHIP ROLE IN DEVELOPING AND SUPPORTING COOPERATIVE PLANNING AND COORDINATION OF VOCATIONAL REHABILITATION SERVICES OFFERED BY PUBLIC AND VOLUNTARY AGENCIES TO THE MENTALLY RETARDED.

New York State has made tremendous advances in developing programs for the retarded. These advances have been made through the efforts of many public and private agencies. Strong consensus among several Advisory Committees suggested that even greater strides could be made if the various education, habilitation, and rehabilitation programs were more integrated and coordinated. The several administrative, organizational, and functional structures may limit a smoother and more continuous delivery of services to the individual and his family.

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[36] New York State Planning Committee on Mental Disorders, NYS Department of Mental Hygiene, Albany, N.Y., Vol. I, p. 63.

[37] Special Report, NYS Planning Committee on Mental Disorders, 1965.

Often innovations take place within individual agencies with little opportunity for communication and exchange of ideas and information. This situation also limits the knowledge agencies possess about each other's services. This results in a limitation of the continuum of services available to the retarded throughout his life.

More complete information is needed about the public and private agencies' roles, functions, responsibilities, goals, service limitations, and operating practices. The exchange of information can occur in many ways.

The services, facilities, and agencies involved vary from community to community. It is suggested that the State Vocational Rehabilitation Agency address itself to major problems on a regional or service area basis.

107. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INITIATE AND ASSIST IN THE EXPANSION OF SERVICES FOR THE RETARDED TO INSURE A COMPREHENSIVE SERVICE CONTINUUM.

As stated earlier, though many agencies have responded to the needs of the retarded, the quantity and quality of services and comprehensiveness of the total program vary from community to community. Many gaps in services still exist.

The following services should be considered when developing programs for the retarded:

Work-Study Programs

These are needed especially for the school-aged and young adult retarded to develop and enhance their social and vocational skills essential for employment. Several such programs exist which have been coordinated through the efforts of the State Vocational Rehabilitation Agency, educational systems, and voluntary agencies.

Remedial Services

Remedial services are especially appropriate for the retarded because of their learning disability. Until such time as formal academic programs can adequately prepare the retarded for employment or advanced vocational training, remedial services will be needed by many retardates.

Recreation Programs

Participation in recreation programs can be of definite value in developing and reinforcing the social and personal adjustment of these disabled.

Follow-Up Services

Follow-up,including family casework, should be available for the retarded client during the first year of employment. For those sent into the community for employment, personnel are not always readily available to give them adequate assistance in adjusting to the job and community life. Many retarded placed in jobs have difficulty with this adjustment, sometimes returning to the workshop for the security it affords. Extended follow-up services would serve to conserve the client's confidence and the positive attitudes of many employers, and resolve problems relating to work situations and family relations before they reach crisis proportions. It would also help reduce the possibility of frequent job turnover.

Rehabilitation Workshop Services

The rehabilitation workshop is a primary setting for the delivery of services for the retarded. Programs should be expanded to include strong evaluation, personal adjustment, vocational training, and support services. Services should be geared to meet the needs of all levels of retarded who enter the workshop center from or in conjunction with special programs in the schools.

108. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD ENCOURAGE VOLUNTARY AGENCIES AND EDUCATIONAL SYSTEMS TO PLACE GREATER EMPHASIS ON CASEFINDING TO EXPEDITE EARLY REFERRAL FOR VOCATIONAL REHABILITATION SERVICES.

The Advisory Committees and Task Forces on Mental Retardation noted the wide gap between those numbers of retarded being served (excluding those in state schools) and those estimated to be in need of services. Because early diagnosis and treatment can reduce the effects of mental retardation, voluntary agencies serving the retarded are excellent sources for the identification of potential candidates for vocational rehabilitation services and should expand their referral effort and initiate service delivery. Similarly, the school officials who work intimately with retarded children and youth frequently refer pupils for jobs directly without considering the fact that for the mildly retarded person in particular, the State Vocational Rehabilitation Agency can very often provide training that would maximize his abilities which could result in greater achievement of skill leading to higher and longer term levels of employment.

109. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE A CONSULTANT WITH SPECIAL COMPETENCE IN VOCATIONAL REHABILITATION COUNSELING AND MENTAL RETARDATION TO WORK WITH EDUCATIONAL SYSTEMS FOR THE VOCATIONAL GUIDANCE AND EDUCATION OF MENTALLY RETARDED STUDENTS.

School statistics indicate that many of the mentally retarded students are apt to leave school before their education is completed, i.e., by 21 years of age. Yet, these students may be the ones who usually require more preparation for employment. State Vocational Rehabilitation Agency assistance to the schools in the form of consultation to staff and necessary service to the student would not only benefit the student, but would make a major contribution to the cooperative planning for coordinated programs.

110. THE STAFF OF THE STATE VOCATIONAL REHABILITATION AGENCY WORKING WITH THE MENTALLY RETARDED SHOULD RECEIVE SPECIAL TRAINING TO MAXIMIZE THEIR EFFECTIVENESS IN SERVING THESE INDIVIDUALS.

The counselor's attitudes, as well as his knowledge of the special needs and programs designed for the mentally retarded, play an important part in his effectiveness in dealing with the client and the agency providing service.

The chief training technique in the past has been the use of institutes in university settings or special group meetings for several days. Although these have proved valuable, it is suggested that a well developed inservice training program might be a valuable addition and have greater long-term impact. The use of "outside experts" from universities and agencies would add additional expertise and enhance such inservice training programs.

111. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD EXPAND ITS SUPPORT FOR AND ENCOURAGE THE DEVELOPMENT OF SHELTERED WORKSHOPS TO INCREASE THE NUMBERS OF LONG-TERM SHELTERED EMPLOYMENT OPPORTUNITIES FOR THE MORE SEVERELY RETARDED.

One of the greatest problems in accepting the retarded for service, especially the more severely retarded with multiple handicaps, is the knowledge that so few employment opportunities exist for them. Recognizing that certain retarded individuals cannot achieve employment in competitive industry and that such individuals will require a sheltered environment, the number of extended employment workshop seats should be increased.

Realistically, such retarded may have reached a functional level that is not "marketable" in competitive industry. Yet, in a long-term workshop they are productive and live adjusted, meaningful lives. Many facilities continue to maintain these retardates long after the State Vocational Rehabilitation Agency has terminated its sponsorship. Others, due to space limitations, release them after a year or more of employment experience. Obviously, deterioration of the positive effects of services can be expected. More tragic is the breakdown in aspiration, hope, and self-concept developed in such retarded who return to the isolation of their home life or possible institutionalization.

THE DISADVANTAGED

Reason and necessity have dictated an intensive concentration on finding ways to help those who are considered disadvantaged. Every segment of our society has been affected by the social concerns and demands of the 1960's. The plight of the poor, discrimination in education, housing and income based on color and race, the crisis of the cities with its deteriorating ghettos, increasing crime rate and agressive behavior manifested in riots, embattled schools, and exposure of conditions among the rural poor, have all combined to highlight the problems. Any one of the issues mentioned is of sufficient magnitude to require ameliorative effort. However, all of them exposed and demanding urgent attention, strains the state's ability to resolve them. It is in this context that the advisory committees considered the mandate to provide extended services for the disadvantaged in the vocational rehabilitation program.

The State and Regional Committee reports reflect the premise that all the disabilities over and above the specific limitations they impose, have a common frame of reference in terms of needs leading to social and vocational development. However, the specific approach, techniques and media required to achieve social and vocational adjustment is still unique to each disability or group of disabilities. The disadvantaged are unique in terms of individual needs. They will require so broad a range of services that joint administration and operation agreements with other major programs also serving this group are indicated.

Generally, the term "disadvantaged" refers to those who are deprived educationally and financially. They are associated with poverty, poor housing, marginal educational opportunity, limited motivation and effort, and minority group status. This applies in New York State to many Blacks, Puerto Ricans, Indians, and poor whites (rural and urban). Geography also plays a role. Generally, the disadvantaged are more numerous in urban communities, but large numbers of rural poor also require attention. A characteristic common to the urban and the rural poor is poor health. In some areas the frequency of health problems among the disadvantaged applies to 50 percent or more of that population. For the rural poor, the magnitude of need is not so obvious because of dispersion and isolation. In urban settings, it is concentrated and therefore more visible.

Prior to 1965, eligibility for vocational rehabilitation services was based upon the direct causal relationship between the disability and the vocational handicap it created. The 1965 Amendments to the Vocational Rehabilitation Act redefined eligibility so that such a causal relationship per se would not have to apply. That is, a person with a disability in concert with conditions of deprivation in the educational and economic area, among others, now might be considered vocationally handicapped.

This concept was further extended to the nondisabled disadvantaged in the 1968 Amendments to the Vocational Rehabilitation Act and its 1969 regulations, Section 15, which authorized the State Vocational Rehabilitation Agency to develop a capability and service program of counseling, diagnosis, vocational evaluation, and adjustment that would lead to vocational training and/or job placement. The latter services, vocational training, placement and follow-up, would be provided by the initial referring agency. However, funds to implement this program have yet to be appropriated. The federal regulations regarding Section 15 emphasized the application of the comprehensive state rehabilitation program to insure that disadvantaged individuals develop the capacity to use their ability to achieve employment reflective of their potential rather than current level of functioning. If in the course of diagnostic examination and counseling it should be determined that such disadvantaged have a disability, then the State Vocational Rehabilitation Agency would provide the full range of services including training, placement and follow-up.

It is estimated that the disadvantaged in New York State will number 1,351,000 by 1975. This is based on special estimates developed by the New York State Department of Labor in 1968. At least 50 percent of this group have been found to have chronic conditions or disabilities that limit their ability to perform in their major activities. Many of these individuals are currently being served by the State Vocational Rehabilitation Agency. For the rehabilitation community two factors are paramount: health and vocational handicap. In providing services for these groups, the disability itself may be secondary to the sociological and psychological factors that affect adjustment to employment. Both factors require attention and simply cannot be separated. Therefore, it is difficult to provide services to the disadvantaged unless the vocational rehabilitation community is fully sensitized to recognize these underlying conditions. This is stressed in the Regional Reports and illustrated in the following statement:

> "The seeming lack of motivation attributed to the deprived may be the result of professional and institutional 'hardness' and a failure to understand or work-through cultural variances. The seeming indifference to traditional programs and services may reflect the inability of those delivering services to communicate with their prospective clients." [38]

The Regional Reports also state that for this group, services must be viewed in the context of the whole individual, and be conveniently located and readily accessible from their residence. Health, vocational and social problems have to be resolved along a consistent and regular service continuum timed to their living and working schedule.

The Federal Register guidelines relating specifically to Section 15 state the need to:

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[38] Report of the Task Group on Socio-Medical Handicaps, Region I.

1. "appraise...patterns of work behavior and ability to acquire occupational skills and;

2. develop an individual's work attitudes, work habits, work tolerance, and social and other behavior patterns suitable to prepare him for job training and future job performance."[39]

The guidelines also prescribe that wherever possible, simulated or real work experience shall be furnished, and further, that family members may also be given some services as necessary "for the effective evaluation and work adjustment of the disadvantaged individual."

The emphasis throughout is on the disadvantaged individual who is willing to utilize a rather impressive array of services to prepare for employment. For the disadvantaged who wish to work, this program offers great opportunity. It differs from other manpower training programs in that the diagnostic, and evaluative, and adjustment supports are stressed. Obviously this is not a program for the person whose adjustment to the social system is such that he can move on to a job situation with only vocational training. Manpower programs can and do serve this kind of individual. Where more incisive and penetrating analysis of the vocational handicap and adjustment is need, the vocational rehabilitation program and approach may offer special advantages. The current defect of Section 15 is the failure of the federal government to appropriate funds for the program. Interpretation of the advisory committee reports would suggest that this is a priority issue, worthy of pressing for suitable federal appropriations. It is also reasonable to recommend that the State Legislature consider the appropriation of sufficient funds in order to begin development of prototypes.

Other problems in the delivery of services to the disadvantaged should be mentioned, in brief, for they are dealt with in the recommendations to follow. Special related skills are necessary in each professional discipline dealing with the disadvantaged. The same sort of intensive training is needed in working with this group, as is the case for those who would work with any unique disability. In short, working with disadvantaged populations should be regarded as a specialized field.

Perhaps the single greatest need of this vocationally handicapped group is expansion of programs tied to an effective delivery system. There are so many agencies and levels of government involved with this group that there is inevitably overlapping, duplication, and fragmentation. The client or potential client is confronted with widely differing eligibility standards, jurisdictional restrictions, financial assistance programs, and a proliferation of services in a multitude of combinations. This does not imply that there is an overabundance of services, but that they are not coordinated for his use. Expansion efforts must take into account the service capabilities of many agencies. New York State Department of Labor, Social Service, Office of Economic Opportunity, and Division for Youth are a few examples.

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[39] Federal Register, January 30, 1969

What is necessary is coordination and cooperative planning on the part of all the agencies serving the disadvantaged. The success of a vocational rehabilitation program will be determined to a great extent by the degree to which the State Vocational Rehabilitation Agency can work with other agencies and within a common frame of reference. Remedial education, family services, expanded diagnostic and evaluation services, and the need for adequate financial support have received emphasis in the advisory committee reports. (See Volume II)

Recommendations

112. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE A LEADERSHIP ROLE IN PARTICIPATING WITH OTHER AGENCIES TO COORDINATE AND PLAN FOR THE FULLER UTILIZATION OF THE VARIOUS COMMUNITY PROGRAMS DIRECTED TOWARD THE VOCATIONAL REHABILITATION OF THE DISADVANTAGED.

For persons who are handicapped due to deprived environment, community action programs such as the Neighborhood Youth Corps, MDTA-OJT, National Alliance of Businessmen, CAMPS Committee and all of the other agencies directly involved in human betterment, should coordinate their programs. The most important problem our community is facing is how to "prevent the children of poverty from becoming the parents of poverty in the next generation."[40] Thus, expanded interactions should take place on all levels, but particularly in the community where recognition can be given the unique needs rising in each community. Recognition must also be given to the heterogeneity of the disadvantaged and their differential service requirements.

113. A POSITION OF PROGRAM SPECIALIST SHOULD BE ESTABLISHED IN THE STATE VOCATIONAL REHABILITATION AGENCY TO EFFECT THE COORDINATION AND DEVELOPMENT OF VOCATIONAL REHABILITATION PROGRAMS FOR THE DISADVANTAGED.

This recommendation has been made for many other disability groups, the inclusion of such a position for this group would assure program emphasis and a significant impact on inservice training.

Services to the disadvantaged will require the development of new and expanded outreach techniques, close coordination with community agencies and seminars, and integrated planning. These new and expanded functions will benefit all eligible individuals who require vocational rehabilitation.

114. THE STATE VOCATIONAL REHABILITATION AGENCY AND THE COOPERATING VOLUNTARY AGENCIES SHOULD ORIENT AND SENSITIZE PERSONNEL AS NECESSARY TO ENABLE THEM TO WORK MORE EFFECTIVELY WITH THE DISADVANTAGED.

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[40] Final Report, Region II.

Those who would serve this group need to view the client realistically and within the context of his family life, his immediate environment, culture traits and educational experiences. Motivation for this client group may be masked, but to reach them effectively, the professional worker may have to develop a new sensitivity and ability to communicate with people who have been labeled by the professional and the service community as hard to reach and unmotivated. A bias, no matter how subtle, is quickly recognized. The term motivation must be redefined.

One of the key issues rehabilitation professionals now need to recognize is that being poor does not make people identical in their needs, aspirations, or values. Rehabilitation services must be flexible and imaginative if they are to accommodate to individual differences. To do so, however, our traditional concepts of personal adjustment training may have to be reevaluated. Professional biases, attitudes, and sets need to be recognized. Participation of vocational rehabilitation counselors and other members of the helping professions in the multiservice centers where minority groups participate, is one of the methods through which such sensitization and reeducation may be accomplished.

115. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD TAKE A LEADERSHIP ROLE IN SUPPORTING THE DEVELOPMENT OF NEIGHBORHOOD MULTISERVICE CENTERS AND EXPAND ITS PARTICIPATION IN THESE CENTERS TO INSURE THE AVAILIBILITY OF VOCATIONAL REHABILITATION SERVICES.

The multiservice center concept is particularly relevant for this group because of the multiplicity of their problems and the proliferation of the agencies and programs involved. Having the various agencies and resource people in one location provides prompt response to need in the environment of the applicant. Agencies co-located will find that they are better able to solve the clients' problems by working together directly, and may find their own planning and cooperation with other units enhanced by this opportunity for exchange of information. There is a real chance in these centers to develop the kind of working relations which significantly improve interagency operations and service to clients.

The neighborhood location is of prime importance whether it is urban or rural in character. The object is to make the services accessible to people who usually have limited geographic mobility and who are not knowledgeable or confident enough to seek out services. The multiservice center provides accessibility and aids in programming relevant services and prompt delivery technique to this group. Consideration should be given to the establishment of center services in those areas with a high magnitude of poverty and in transitional zones - areas of incipient decay.

116. EDUCATIONAL AND REMEDIAL SERVICES FOR THE DISADVANTAGED IN A VOCATIONAL REHABILITATION PROGRAM SHOULD BE EXPANDED.

It is apparent that disadvantaged are likely to suffer educational handicaps to a degree which greatly limits their employability. It may be impossible to train some of these clients without prior remedial service. For some individuals, occupational assessment and work adjustment cannot be done without remedial education at that early stage. It is therefore emphasized that provision must be made to supply necessary remedial education, by cooperative agreements among the agencies responsible for the client.

Related to remedial needs is the recognition that for many jobs the high school diploma has become the basic entry requirement. A high school equivalency certificate is often an acceptable substitute. The disadvantaged are frequently competent in their native tongue although non-English speaking. It is suggested that the high school equivalency examinations be prepared in a suitable number of languages.

117. THE STATE VOCATIONAL REHABILITATION AGENCY IN CONCERT WITH OTHER PARTICIPATING OR RELATED AGENCIES SHOULD PROVIDE THE NECESSARY ADVICE AND COUNSEL TO THE DISADVANTAGED INDIVIDUAL SO THAT HE MAY OBTAIN ADEQUATE FINANCIAL SUPPORT TO MEET HIS NEEDS AND THEREBY INSURE HIS ABILITY TO CONTINUE IN AND COMPLETE HIS VOCATIONAL REHABILITATION PROGRAM.

The disadvantaged, in a vocational rehabilitation program, require financial support sufficient to provide an adequate standard of living during the rehabilitation process. These payments should be available to disadvantaged clients throughout their rehabilitation program. Further, it is suggested that the amounts should approximate New York State Unemployment Insurance levels with an added $10 weekly for each dependent. The rehabilitation maintenance would be the difference between other income, such as public assistance, public insurance payments, and private income received by the client and the maximum amounts herein proposed. In this regard, special arrangements need to be worked out among agencies providing financial support. These arrangements should be of such a nature that they will tend to motivate clients to seek rehabilitation services.

OTHER DISABILITIES

Among other disabilities that constitute a significant percentage of the vocational rehabilitation caseload are the following: neurological disorders, respiratory diseases, arthritis and orthopedic impairments.

Within this grouping are found some of the most catastrophically disabled individuals. For some, as among the neurological and arthritic groups, functional deterioration can be progressive, among others a functional plateau can be reached and maintained for a period of years. Also of concern is the growing incidence of emphysema within the respiratory category that also progressively limits functional ability. Each of these disabilities present special problems in medical management and in rehabilitation.

No definitive estimate of incidence for these disabilities can be given because of the lack of specificity of definitions. It is difficult to extract statistics for a definite diagnostic category that has been lumped in a general grouping. At times, incidence or prevalence is in terms of cause or etiology, and at other times by condition or effect.

It is impossible to estimate what percentage of the "other disabled" would require vocational rehabilitation services because of the variations in functional ability. Those severely handicapped at the upper extremes of immobility, with little or no functional residual would ordinarily not be candidates for vocational rehabilitation. Also, at this stage, there are no general indices of function that would provide a reliable estimate of need for vocational rehabilitation.

The neurological disorders include cerebral palsy, epilepsy, multiple sclerosis, muscular dystrophy, myesthenia gravis, and Parkinsonism.

Generally, those with neurological handicaps have not only medical, but social and educational problems which must be dealt with by a program that includes vocational rehabilitation as a service. They present a wide range of functional capacity, and for some disability groupings deterioration is progressive. Patients are seen clinically at any stage in the course of disease -- at early onset with little obvious impairment, or with complete functional loss. With few exceptions the progression from onset to deterioration is gradual, may extend over many years, and may include periods of stability. Early diagnosis and evaluation of functional ability is, therefore, most important. Since many of these patients get along well for a number of years, more of them should be referred and considered for vocational rehabilitation service.

Medical experts participating in Advisory Committee discussions centering around the arthritic were of the opinion that vocational rehabilitation is usually secondary to the need for medical rehabilitation. In relation to the large number of arthritics, there are relatively few comprehensive arthritic facilities within hospital settings. For this group, more evaluation services are needed than are now available. As part of medical rehabilitation services it is also advisable to include comprehensive medical, psychiatric, orthopedic, social, and psychological care. It is also suggested that intermediate care facilities be considered to provide constructive programs at low cost for patients who cannot receive optimal programs at home, but who do not require the expensive facilities of a general hospital. There should also be coordination between in-patient, out-patient and home care programs to provide easy referral of patients back and forth depending on patient needs.

It is suggested that the principle be accepted that patients with disabling or potentially disabling arthritis deserve screening to determine the need for vocational rehabilitation, and that such screening be made generally available to them for the purpose of early planning. Screening can be provided in a variety of settings and should not be limited to a State Rehabilitation office. There should be developed a spectrum of employment opportunities for the handicapped arthritic varying from the totally protected, non-competitive permanent sheltered workshop, to competitive employment. Further, employment programs should be geared to patients with all types of backgrounds and capacities not only in terms of light factory-type work. Generally, the same statements can be applied to those with other orthopedic handicaps. But, it should be noted that with other orthopedic handicapped, agencies have had tremendous success.

In the general category of respiratory handicaps, the incidence of tuberculosis seems to have declined over the past decade. However, a large number of persons are still receiving drug treatment in tuberculosis clinics. Data for tuberculosis is readily available so that incidence and prevalence can be measured because it is a disease which physicians are required to report. But, reporting other respiratory conditions is not required. A number of studies have revealed the increasing epidemiological trends in emphysema and chronic bronchitis, two crippling and often fatal conditions. Chronic bronchitis and emphysema (often grouped together because they frequently co-exist and constitute an entity referred to as Chronic Obstructive Pulmonary Disease) rank second to heart disease (and circulatory ailments) as the basis for Social Security Disability Payments.

Based on these and other observations reported in the literature, the prevalence of chronic obstructive respiratory disease is judged to be widespread in urban areas. Mortality trends indicate that the problem is one of increasing magnitude. Other pulmonary handicaps such as asthma, bronchiectasis and pulmonary fungal infections, to name a few, occur with sufficient frequency to merit a high service concern for persons with non-tuberculous pulmonary handicaps. According to some Task Force Reports dealing with respiratory handicaps, there is a pronounced lack of continuity of planning and service for many patients with pulmonary handicaps, particularly for those whose treatment is initiated in hospitals and continued in clinics. Services for those patients should be planned by qualified in-hospital teams with continuity provided by clinic, public health, the State Vocational Rehabilitation Agency or other community agencies following hospital discharge.

Of importance to the vocational rehabilitation process is the recognition by hospital and service agencies that many persons with respiratory handicaps, particularly tuberculosis, also have emotional problems. Therefore, services for this group should include expanded psychiatric or casework inputs in order to resolve complex personal and family problems.

All persons with respiratory handicaps should have accessible screening and evaluation in order to determine appropriate vocational rehabilitation services. This would require more extensive contacts between the State Vocational Rehabilitation Agency, tuberculosis hospitals, and clinics who are seeing many patients on an out-patient basis.

Recommendations

128. THE STATE VOCATIONAL REHABILITATION AGENCY IN COOPERATION WITH VOLUNTARY AGENCIES SHOULD EXPAND SERVICES AND JOB OPPORTUNITIES FOR THOSE INDIVIDUALS WITH SEVERE NEUROLOGICAL, RESPIRATORY, AND ARTHRITIC DISABILITIES.

Service to these severely disabled people involves much more than the medical treatment that alleviates their condition to the extent possible. Rather their problem must be set in the context of the services they require to become capable of gainful employment and the availability of a job they can hold. Both are a function of the community's concern as reflected in the development of services and jobs. Service without jobs tailored to their limited capacity is meaningless and raises aspirations which can lead to regression if not fulfilled. Thus the "high risk" quality, so often attributed to an individual in this group is not related to the difficulty of diagnosis of need and planning for vocational rehabilitation,but rather the concurrent availability of service and job opportunity. The experience of agencies, public and private, with paraplegics and hemiplegics is most encouraging. But the success of programs for these disabled took concerted effort in the development of appropriate services and innovative job placement. Job opportunities should be developed ranging from competitive to sheltered employment. Homebound and homemaker programs should be expanded.

129. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD PROVIDE SUPPORT TO APPROPRIATE HOSPITALS AND OTHER MEDICAL FACILITIES TO DEVELOP AND EXPAND VOCATIONAL EVALUATION SERVICES.

Complete information on functional capacity is most important in arriving at a feasible plan for the disabled in these groups. The hospital with its medical personnel and appropriate diagnostic facilities is the major setting for such screening and evaluation programs. The State Vocational Rehabilitation Agency can support the expansion and contribution of these hospital services in several ways. It can encourage research to develop new methods for evaluating capacities and limitations due to disabilities as they relate to vocational objectives. It can support added personnel, provide special equipment to voluntary hospitals and clinics to extend vocational evaluation to patients. The State Vocational Rehabilitation Agency can also outstation personnel which would result in several positive effects. The Counselor would become a member of the hospital team assuring complete planning for clinical, social, economic, and vocational services.

The Counselor's presence would effectuate continuity of service from the hospital to other needed community service. Outstationing would speed the intake process and service procedures. The Counselor could also effectuate early placement if all the specific and particular services required by the client were available.

120. THE STATE VOCATIONAL REHABILITATION AGENCY SHOULD INTENSIFY EFFORTS TO RESOLVE THE TRANSPORTATION PROBLEMS AFFECTING THE REHABILITATION AND EMPLOYMENT OF THOSE WITH NEUROLOGICAL, ORTHOPEDIC AND ARTHRITIC CONDITIONS.

Transportation problems for the severely handicapped have to be resolved. Reports indicate that much difficulty can be experienced by clients in getting to and from service points and the client's home. Even where a client is employed, public transportation is inconvenient or totally inadequate. Using private carriers is frequently a deterrent to employment for many, because the excessive cost of travel makes working uneconomical. While the State Vocational Rehabilitation Agency provides transportation costs to many clients while in a service program, those rehabilitated suffer economic hardships due to the high cost of personal transportation. Because of this, consideration should be given to permitting severely handicapped persons to deduct extraordinary transportation costs for travel to and from work from Federal, State and local income taxes.

DEDICATION

This report is dedicated to the people of New York State who gave of themselves so that others might benefit. Those who worked on this report have shown a courage to be self-critical and to question the value, use and philosophical basis for the various service instrumentalities of the community. They have reaffirmed that the individual and his needs for self-realization must continue to be the prime function of our society.

"A free society is a critical society."

John F. Kennedy

BIBLIOGRAPHY

Published Materials

Adams, Harold and Balk, Walter. An Analysis of the Division of Vocational Rehabilitation, University of the State of New York, The State Education Department, Office of Statewide Planning for Vocational Rehabilitation Services, 1968.

Avnet, Helen Hershfield. Physician Service Patterns and Illness Rates, A Research Report on Medical Data Retrieved from Insurance Records, Group Health Insurance, Inc., 1967.

Dishart, Martin. Vital Issues and Recommendations From the 1965 National Institutes for Rehabilitation Research, Bureau of Educational Research and Field Services, College of Education, University of Maryland, National Rehabilitation Association, Washington, D.C., 1965.

Fenton, Joseph and Thompson, Martha (eds.) New York State Programs and Services in Rehabilitation: Background for the Development of a Comprehensive Plan for Rehabilitation, Governor's Council on Rehabilitation in Cooperation with the Committee on Rehabilitation of the Interdepartmental Health and Hospital Council, Revised April, 1967.

Hipple, Byron T. Fiscal Policy and the Public Social Services, Public Affairs Monograph Series No. 11, Graduate School of Public Affairs, State University of New York, December, 1965.

Koestler, F. A. (ed.) Utilization of Rehabilitation Manpower in The Community Setting: A Report Based on the Third Rehabilitation Workshop Held in New York City, March 16, 1967, Sponsored by the New York City Regional Interdepartmental Rehabilitation Committee, New York, N.Y., September, 1967.

________. The Comstac Report: Standards for Strengthened Services, Commission on Standards and Accreditation of Services for the Blind, New York, N.Y., 1966.

March, Michael S. "The Neighborhood Center Concept," Washington Interagency Review Committee for the Neighborhood Center Pilot Program, Washington, D.C., August, 1967.

N.Y.S. Division of the Budget. *New York State Statistical Yearbooks*, Office of Statistical Coordination, Albany, N.Y., 1967 and 1968.

N.Y.S. Department of Commerce. *Basic Statistics for Counties and Metropolitan Areas of New York State*, Bureau of Business Research, Albany, N.Y., 1967.

N.Y.S. Department of Mental Hygiene. *New York State Program for Construction of Mental Retardation Facilities*, Division of Local Services, 1967 and 1968.

Rusk, Howard, M.D. *Report of the National Citizens Advisory Committee on Vocational Rehabilitation*, A Report to the Secretary of Health, Education and Welfare, U.S. Government Printing Office, Washington, D.C., June, 1968.

U.S. Department of Commerce. *County and City Data Book*, Bureau of the Census, 1967.

U.S. Executive Department. *Minutes of the Annual Meeting*, The President's Committee on Employment of the Handicapped, Washington, D.C., May, 1968.

U.S. Department of Health, Education and Welfare. *An Introduction to the Rehabilitation Process: A Training Manual*, Vocational Rehabilitation Administration, Revised July, 1967.

U.S. Department of Health, Education and Welfare. *Guidelines for Action*: Increasing the Supply of Qualified Rehabilitation Personnel in State Vocational Rehabilitation Agencies, Vocational Rehabilitation Administration, Washington, D.C., January, 1966.

U.S. Department of Health, Education and Welfare. *Health Resources Statistics*, National Center for Health Statistics, Publication No. 1509, 1965.

U.S. Department of Health, Education and Welfare. *Limitations of Activity and Mobility Due to Chronic Conditions: July 1965 - June 1966*, Public Health Service, National Center for Health Statistics, No. 10-45, May, 1968.

U.S. Department of Health, Education and Welfare. *State Vocational Rehabilitation Agency Program Data, Fiscal Year 1966*, Vocational Rehabilitation Administration, Administrative Service Series No. 67-37, Washington, D.C., 1967.

U.S. Department of Labor. Manpower Report of the President and a Report on Manpower Requirements, Resources, Utilization and Training, April 1967 and 1968.

U.S. Office of Economic Opportunity. Catalog of Federal Assistance Programs, Washington, D.C., June 1967 and 1968.

The University of Wisconsin. "Rehabilitation Information Services Digests," Regional Rehabilitation Research Institute, Madison, Wis., June 26, 1968.

Whitten, E.B. (ed.) The State-Federal Vocational Rehabilitation Program Looks to the Future: A Statement of Mission and Goals, Council of State Administrators of Vocational Rehabilitation, Washington, D.C., 1968.

Wilson, Joseph C. Report From the Steering Committee of the Arden House Conference on Public Welfare, Appointed by Governor Nelson A. Rockefeller; Commemorating the 100th Anniversary of the New York State Board of Welfare, March, 1967.

Unpublished Material

______. Final Report, State Advisory Sub-Committee on Resources, Office of Statewide Planning for Vocational Rehabilitation Services, Albany, N.Y., November 15, 1968.

______. Final Report, State Advisory Sub-Committee on Scope and Priorities, Office of Statewide Planning for Vocational Rehabilitation Services, Albany, N.Y., September 20, 1968.

______. Final Report, State Advisory Sub-Committee on Structure and Practices, Office of Statewide Planning for Vocational Rehabilitation Services, Albany, N.Y., November 12, 1968.

Hipple, Byron. Comprehensive Planning for Vocational Rehabilitation - Problems and Issues, State Advisory Committee Meeting, Office of Statewide Planning for Vocational Rehabilitation Services, Albany, N.Y., December 27, 1967.

Salmon, Peter J. The Role of the Specialized Agency in the Rehabilitation of Blind Persons, Position Paper for the State Advisory Committee, Office of Statewide Planning for Vocational Rehabilitation Services, Albany, N.Y., May 7, 1968.